

<b>Case Number:</b>	CM14-0105213		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female with a 11/13/13 injury date. She was driving the company vehicle at 15 miles per hour and hit the car in front of her. She developed upper back, bilateral neck, and lower back pain. In a follow-up on 4/24/14, subjective complaints were low back, pubic bone, and right buttock pain, and numbness and tingling in both hands and feet. Objective findings included right sided lumbosacral tenderness, lumbar ROM of 80 degrees flexion and 15 degrees extension, tenderness to palpation over the right sacrotuberous ligament, and tenderness to palpation of the superior aspect of the pubic bone. An MRI of the pelvis on 3/31/14 showed bilateral hip partial labral tears. Diagnostic impression: cervical myofascial pain, pelvic stain. Treatment to date: acupuncture, medications, physical therapy. A UR decision on 6/10/14 denied the request for right sacrotuberous injection on the basis that ODG does not recommend ligamentous injections for low back pain. The request for acupuncture was denied on the basis that there has been no documentation of functional improvement with prior acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right sacrotuberous injection with iv sedation & fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back - lumbar & thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Hip and Pelvis Chapter.

**Decision rationale:** A review of the literature was performed by searching pubmed.com for "sacrobuteros injection." No relevant articles were found. CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). There does not appear to be enough evidence to support sacrobuteros injection in this patient at this time. Therefore, the request for right sacrobuteros injection with iv sedation & fluoroscopy is not medically necessary.

**Acupuncture 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration of Function Page(s): 114.

**Decision rationale:** CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In the present case, the patient has had prior acupuncture referral with no documentation of functional improvement. Therefore, the request for acupuncture 12 sessions is not medically necessary.