

<b>Case Number:</b>	CM14-0108007		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/28/1993
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 58 year old female who was injured on 1/28/93. She was diagnosed with low back pain with radiation, neck pain. She was treated with oral medications, surgery (left foot, piriformis, right knee), acupuncture, as well as facet joint injections. Her facet joint injection have been used extensively over the years with a reported benefit by the worker, including a reduction of pain by half. Acupuncture sessions have also been helpful, according to the worker, providing an improved range of motion in her neck as well as less pain in the mid-back area. She was seen by her treating physician on 6/10/14 complaining of waxing and waning low back and neck pain, which she rated at 4/10 on average on the pain scale. She requested another facet joint injections (lumbar) and acupuncture sessions, as they both had been helpful in the past. She reported not working, as she was on disability. She reported walking 5 miles daily. Physical examination revealed limited range of motion of lower spine. Her physician then ordered facet joint injections to be performed on the lumbar spine as well as acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture low back, 1-2 times monthly 12 max per year qty 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten re-recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, although reportedly she has been benefiting, documentation of functional benefits specifically have not been described from previous sessions of acupuncture. Without a complete documented report of functional and pain-relief benefits, returning to acupuncture at any frequency cannot yet be considered, and therefore is not currently medically necessary.

**Bilateral facet injections L4-5 , L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Facet joint pain/injections.

**Decision rationale:** The Official Disability Guidelines (ODG) discusses the criteria for the use of therapeutic facet joint block injections: 1. No more than one injection at one time, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 3. If previously successful (pain relief of 70% or greater, plus pain relief of 50% or greater for a duration of at least 6 weeks), a medial branch diagnostic block and subsequent neurotomy may be considered, 4. No more than 2 joint levels may be blocked at any one time, and 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The worker in this case has reported pain relief from previous injections, however, more information is needed in order to assess for medical necessity of getting additional injections. A complete functional (able to work or not, which activities can and cannot do before and after the treatment, etc.) and pain-relief report (percentage of pain reduced, how long it lasted after injection, etc.). As most of this information was not found in the documents provided for review, this cannot be recommended to be repeated, and the lumbar facet injections are not medically necessary.