

<b>Case Number:</b>	CM14-0108948		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 32 year old male who was injured on 04/18/14 while playing soccer. The injured worker complains of low back pain. A magnetic resonance image of the lumbar spine dated 05/21/12 reveals mild decreased disc height and disc desiccation with a 2mm diffuse disc bulge noted at the L5-S1 level which flattens the ventral aspect of the thecal sac. This report states no nerve root compression is identified. The injured worker is diagnosed with lumbago. Treatment has included medications, physical therapy, acupuncture and pain management evaluation and treatment. The medical records do not reveal the number of acupuncture visits received to date and there is no treatment notes submitted. Clinical note dated 06/19/13 states acupuncture has significantly improved the injured worker's symptoms but that the injured worker has completed the authorized visits. Doctor's First Report of Occupational Injury or Illness dated 05/22/14 notes the injured worker complains of diffuse low back pain on the right side and demonstrates positive straight leg raising on the right at 70 and positive on the left at 90. It is noted the injured worker is neurologically completely intact. Slight pain with stress at the lumbosacral area and slight pain with figure-of-four stressing is recorded. The treating physician states the claimant would most likely benefit from another series of acupuncture treatments and an epidural steroid injection for the "symptomatic L5-S1 area."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to back specialist for epidural injection to L5-S1 area.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state the criteria for the use of epidural steroid injections include documented evidence of radiculopathy upon physical examination which is corroborated by imaging studies and/or electrodiagnostic testing and evidence of failure to initially respond to conservative treatment. The records indicate conservative treatment in the form of acupuncture has been significantly helpful for the injured worker with no suggestion of failure. The submitted diagnostic imaging report did not reveal nerve root compression or compromise. The physical examination did not reveal evidence of an active lumbar radiculopathy. Sensation is reportedly normal and no decreased muscle strength or reflex deficits are noted. Based on the clinical information submitted for review, medical necessity of a referral to a back specialist for an epidural injection to the L5-S1 area is not established.

**Additional acupuncture , unspecified frequency for low back, quantity six.:** 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 records indicate the injured worker has experienced benefit with acupuncture in the past. California Medical Treatment Utilization Schedule guidelines state, "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." Per this section, "functional improvement" is clinically significant improvement as measured during the history and physical examination and should be documented. The records submitted for review do not include objective measurements of functional improvement with acupuncture treatments. There is no treatment notes provided and the injured worker's objective response to treatment is unknown. The request for additional acupuncture at an unspecified frequency for low back pain, 6 sessions, is not recommended as medically necessary.