

<b>Case Number:</b>	CM14-0153527		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28 year old male with date of injury 2/5/14. The treating physician report dated 8/26/14 indicates that the patient presents with continued lower back pain and left leg pain. The patient has received chiropractic and physical therapy care with some partial early improvement. The physical examination findings reveal that straight leg raising on the left at 80 degrees caused a faint ache of the left buttock, positive Kemp's test on the left, positive left Braggards test, normal gait, and slight decrease in all lumbar ROMs. The current diagnoses are: 1. Lumbar strain 2. Lumbar disc herniation at L5/S1 with intermittent left leg ache. The utilization review report dated 9/4/14 denied the request for a pain management consult for ESI and acupuncture 2x3 for the lumbar spine based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consult for epidural steroid injection x1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

**Decision rationale:** The patient presents with continued lower back pain and an aching pain affecting the left leg. The current request is for pain management consult for epidural steroid injection x1. In reviewing the treating physician report dated 8/26/14 the physician states, "I recommend that we try a little harder to get him some further relief of his sciatic-like pain. I recommend six visits of acupuncture. I recommend an epidural steroid injection x1." In this case the treating physician has requested a lumbar ESI and the Request for Authorization form states the request is for pain management consult for epidural steroid injection. The ACOEM guidelines page 127 supports specialty referral when additional expertise is required for treatment, diagnosis or prognosis is required. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. The treating physician has documented that the patient has positive tests concomitant with disc irritation causing radiculopathy. In reviewing the MRI report dated 7/9/14 it states, "L5/S1- 1-2mm posterior disc bulge resulting in mild bilateral neural foraminal and bilateral exiting nerve root compromise is seen." The treater in this case has documented that lumbar radiculopathy is present in this patient and the MRI report indicates that nerve root compromise is seen. The request is medically necessary for pain management consult for epidural steroid injection x1.

**Acupuncture 2x3, lumbar:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

**Decision rationale:** The patient presents with continued lower back pain and an aching pain affecting the left leg. The current request is for pain management consult for Acupuncture 2x3, lumbar. In reviewing the treating physician report dated 8/26/14 the physician states, "I recommend that we try a little harder to get him some further relief of his sciatic-like pain. I recommend six visits of acupuncture." The patient has not received any prior acupuncture treatments for the treatment of the current injury based on the 4 reports submitted for review. The Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. The AMTG states, "Time to produce functional improvement: 3 to 6 treatments." The treater in this case has requested an initial prescription for acupuncture treatment 2x3 following failure of resolution of symptoms after receiving chiropractic and physical therapy care. The request is medically necessary.