

<b>Case Number:</b>	CM14-0184097		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 2, 2012. In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for eight sessions of acupuncture, denied a request for sacroiliac joint injection. The claims administrator stated that the applicant had not, in fact, failed conservative treatment before the SI joint in question was sought, despite the fact that the applicant was several years removed from the date of injury. The now-outdated 2007 MTUS Acupuncture Guidelines were cited in the denial. In an undated appeal letter, the applicant stated that previous acupuncture had ameliorated her back and thigh pain complaints in the past. The applicant stated that it has been a year since she had received prior acupuncture. On November 19, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The attending provider noted that request for an SI joint injection and acupuncture has been denied by the claims administrator. The attending provider stated that previous acupunctures have been beneficial in managing flare-ups. The applicant apparently had a disk protrusion at L4-S1 generating associated S1 nerve root impingement, the attending provider incidentally noted. An earlier six sessions of acupuncture have been beneficial, the attending provider posited. Eight sessions of acupuncture and the SI joint injection were again sought. In an earlier note dated October 21, 2013, it was suggested that the applicant was working full-time, despite episodic flares of low back pain. The attending provider had previously set forth the request for acupuncture in both September and October 2014, it is incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the lumbar spine, per 09/26/14 form Qty: 8.00.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.20f.

**Decision rationale:** The request in question does represent a renewal request for acupuncture. As noted in the MTUS, acupuncture treatments may be extended if there is evidence of functional improvement as defined in the section 9792.20f. Here, the applicant has achieved and/or maintained successful return to work status with the earlier acupuncture treatments. The applicant no longer appears to be using pain medications, it has further been suggested. The earlier six sessions of acupuncture, thus, were successful in effecting functional improvement as defined by the parameters established in the MTUS. Therefore, the request for an additional eight sessions of acupuncture is medically necessary.

**Right SI joint injection under ultrasound guidance per 09/26/14 form Qty: 1.00.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The MTUS does not address the topic. However, the third edition ACOEM Guidelines notes that sacroiliac joint injections are "not recommended" in the treatment of radicular pain, as is present here. Rather, ACOEM suggests reserving sacroiliac joint injections for applicants with some rheumatologically-proven cause of sacroiliitis, such as rheumatologically proven spondyloarthropathy, such as a HLA B27 positive spondyloarthropathy implicating the SI joints. In this case, however, the applicant has lumbar radicular complaints secondary to herniated disk at the L5-S1 level. The applicant did not have any rheumatologically proven disease process implicating the sacroiliac joints. Therefore, the request for a right SI joint injection under ultrasound guidance is not medically necessary.