

<b>Case Number:</b>	CM14-0027067		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/06/2006
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and Rehabilitation 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 39-year-old female who reported an injury on 07/06/2006 caused by an unknown mechanism. On 10/01/2012, the injured worker underwent an MRI that revealed changes or annular tear at L3-4 level. On 07/10/2013, the injured worker underwent back surgery, which she had the 2 broken screws and the hardware removed. It was noted that the injured worker had some improvement with this surgery. On 02/13/2014, the injured worker complained of having pain across the lower back with slight improvement with the removal of the hardware. On physical examination revealed low back pain, bilateral sciatica on the right greater than the left. The injured worker underwent an MRI undocumentated time frame of the lumbar spine that revealed at L4-5 level shows a 2 mm bulge of the nucleus pulposus indenting the interior portion of the lumbar sacral sac. The neural foramina appear patent. It showed mild bony hypertrophy of the articular facets. Lateral recesses are clear. Mild thickening of the ligamentum flavum. At L5-S1, disc level show a 2 mm bulge of the nucleus pulposus indenting the interior portion of the lumbar sacral sac. The neural foramina appear patent. Mild bony hypertrophy of the articular facets. There was mild thickening of the ligamentum flavum. It was noted that the injured worker is intolerant to medications, but no medications were listed for the injured worker. It was also noted previously that the injured worker had attended acupuncture in the past with lack of evidence of the outcome. The diagnosis included status post lumbar fusion, status post hardware removal with some improvement, chronic pain syndrome, and chronic radiculopathy. The treatment plan included for decision of caudal block and for acupuncture 1 time a week for 6 weeks. The authorization for this request was submitted on 02/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAUDAL BLOCK:** Upheld

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

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

**Decision rationale:** The request for the caudal block is non-certified. California Treatment Guidelines recommends epidural injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The guidelines recommends no more than 2 ESI injections. The document submitted on 02/13/2014, the injured worker complained of having pain across the lower back with slight improvement with the removal of the hardware. The injured worker's diagnoses included status post lumbar fusion, status post hardware removal with some improvement, chronic pain syndrome, and chronic radiculopathy. The injured worker had previously epidural steroid injections in the past, but there was a lack of evidence indicating the injured worker's pain relief after receiving epidural steroid injections. There was lack of evidence measuring the outcome physical therapy and medication pain management. In addition, there was no documentation of VAS measurements to measure the injured worker's pain level. Given the above, the request for a caudal block is not medically necessary.

**ACUPUNCTURE 1 TIMES 6 WEEKS:** Upheld

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

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

**Decision rationale:** The request for acupuncture 1 time a week for 6 weeks is non-certified. Per the Acupuncture Medical Treatment Guidelines states that Acupuncture is used 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. It is the insertion and removal of filiform needles to stimulate acupoints. Needles may be inserted, manipulated, and retained for a period of time. It can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed to produce functional improvement up to 3 to 6 treatments, no more than 1 to 3 times per week, with duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. It was previously noted that the injured worker had attended past acupuncture treatments with no evidence of functional improvement. In addition, the request did not specify the location where the acupuncture is needed for the injured worker. Given the above, the request for acupuncture 1 time a week for 6 weeks is not medically necessary.