

<b>Case Number:</b>	CM14-0080462		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/14/1995
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 claimant was injured on 04/14/95. Acupuncture and a Right Sacroiliac Joint Injection are under review. On 01/21/14, she was evaluated and had started acupuncture which helped her with less tightness in the neck and upper back area. More sessions were recommended. A TENS unit did not help and it was stopped. She was using Ultram 3-6 times a day which helped and had stopped using Lidoderm which did not help. There is no mention of an exercise program. On 02/25/14, she saw [REDACTED] and she had completed 16 sessions of acupuncture with significant benefit. She had less pain in her neck area. She wanted 8 more sessions for her neck. Her neck pain was currently at 6/10. When she started acupuncture, it was level 8/10. She was taking Ultram every 4 hours. She was walking 2 miles a day and does some arm exercises while walking. A right sacroiliac joint injection and 8 more sessions of acupuncture were requested. She also was to continue Ultram. The claimant saw [REDACTED] on 04/09/14 for back pain, neck pain radiating to her shoulder and right leg pain. She is status post multiple surgeries on her neck and low back. Her neck pain improved significantly with acupuncture but acupuncture did not help her low back. She had limited range of motion of the neck and back with surgical scars and tenderness over the cervical facets and right sacroiliac joint. She had positive orthopedic tests including Patrick's, pelvic compression and pelvic distraction on the right and negative straight leg raise tests. Her diagnoses included failed low back surgery syndrome and neck surgery syndrome, neck pain, lumbar radiculopathy, right sacroiliac joint dysfunction. She completed 16 acupuncture sessions since 01/22/14. There is no evidence that she has had aggressive conservative treatment for her sacroiliac joint pain. The acupuncture appears to have targeted the cervical spine and not the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint injection x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sacroiliac Joint Blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip & Pelvis (Acute & Chronic).

**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, Hip and Pelvis, sacroiliac joint injections.

**Decision rationale:** The history and documentation do not objectively support the request for a Right Sacroiliac Joint Injection. The ODG Low Back chapter states sacroiliac joint injections are not recommended except as a last resort for chronic or severe sacroiliac joint pain. The Hip and Pelvis chapter states Indications for SI Joint Fusion:- Post-traumatic injury of the SI joint (e.g., following pelvic ring fracture), OR all below: Failure of non-operative treatment, Chronic pain lasting for years, Diagnosis confirmed by pain relief with intraarticular sacroiliac joint injections under fluoroscopic guidance, positive response to the injection was noted, and patients had recurrence of symptoms after the initial positive, Preoperative and postoperative general health and function assessed - Medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. In this case, though the claimant had low back surgery and has post-laminectomy syndrome and chronic pain, her course of treatment for her low back pain is unknown. She does some walking for exercise but there is no evidence that she has completed an aggressive course of treatment for her painful sacroiliac joint. The medical necessity of this request has not been clearly demonstrated.

**Acupuncture (sessions unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

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

**Decision rationale:** The history and documentation do not objectively support the request for continued acupuncture. The MTUS state acupuncture is used as 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 (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture 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. Acupuncture with electrical stimulation is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin

release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this case, the claimant reports significant relief but her pain level went from 8/10 to 6/10 and she has not decreased her dosage of Tramadol for pain. There is no clear evidence of objective measurable or functional benefit to her from acupuncture and she has had a reasonable trial with 16 sessions. The medical necessity of this request has not been clearly demonstrated.