

<b>Case Number:</b>	CM14-0092928		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/11/1998
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 patient is a 53 year old female who was injured on 09/11/1998. The mechanism of injury is unknown. Prior medication history included flurbiprophen, cyclobenzaprine/gabapentin, tramadol, Robaxin, Ataraz, and Prilosec. Follow up examination dated 04/09/2014 documented the patient to have complaints of bilateral lower back pain which began after the accident. She rated her pain as 5/10 and is constant in nature. She describes the pain as aching, throbbing and shooting. The pain is aggravated by prolonged walking and activities of daily living. She reported acupuncture helps and medications provide her with 75-80% of pain relief for 24 hours. On exam, the lumbar spine revealed flexion to 25 degrees; extension to 15 degrees; lateral right to 25; and lateral left to 25. There is tenderness noted in the lumbar region on both sides as well as hypertonicity in the area. Kemps test is positive on the right and left. Straight leg raise is positive on the left. The patient is diagnosed with lumbar displacement of intervertebral disc without myelopathy and post surgical status. Prior utilization review dated 05/16/2014 states the request for Left Trigger Point Sacroiliac Joint Injection is denied as there is no documentation to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Trigger Point Sacroiliac Joint Injection:** 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 Trigger Point Injection Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Trigger Point Injection.

**Decision rationale:** The patient is a 53-year-old female injured on 9/11/98 with chronic low back pain status post lumbar fusion on 4/26/01. This is a request for a left trigger point sacroiliac joint injection. However, trigger point injections are intramuscular injections and sacroiliac joint injections are intraarticular injections, such that the requested treatment is ambiguous. Further, trigger point injections are not recommended in the setting of radiculopathy, yet the patient has radicular pain complaints and a positive straight leg raise test on the left noted on a 4/9/14 visit. Medical necessity is not established.

**Myofascial Release x 6:** 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 Massage Therapy Page(s): 60.

**Decision rationale:** According to MTUS guidelines myofascial release (massage therapy) may be recommended as an optional adjunctive treatment. It should be limited to 4 to 6 visits in most cases. Long-term efficacy is not established. The patient is a 53-year-old female injured on 9/11/98 with chronic low back pain status post lumbar fusion on 4/26/01. This is a request for 6 visits of myofascial release. However, there does not appear to have been an acute exacerbation of the patient's low back injury by history or examination. Further, number of and response to prior myofascial release treatments is not provided. Medical necessity is not established.

**Infrared Lamp Acupuncture x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acupuncture.

**Decision rationale:** The patient is a 53-year-old female injured on 9/11/98 with chronic low back pain status post lumbar fusion on 4/26/01. This is a request for Infrared Lamp Acupuncture. According to MTUS guidelines, an initial trial of acupuncture of 3-6 visits may be recommended for the treatment of chronic pain with further treatment dependent upon demonstrated functional improvement. However, in this case history and examination findings do not demonstrate clinically significant objective functional improvement or reduction in dependency on medical care from prior acupuncture treatments. There is only mention that acupuncture helps pain and has made movement easier. Further, the frequency and duration of prior acupuncture treatment is not provided. Medical necessity is not established.

**Electro Acupuncture First 15 Minutes x 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acupuncture.

**Decision rationale:** The patient is a 53-year-old female injured on 9/11/98 with chronic low back pain status post lumbar fusion on 4/26/01. This is a request for Electro Acupuncture first 15 minutes. According to MTUS guidelines, an initial trial of acupuncture of 3-6 visits may be recommended for the treatment of chronic pain with further treatment dependent upon demonstrated functional improvement. However, in this case history and examination findings do not demonstrate clinically significant objective functional improvement or reduction in dependency on medical care from prior acupuncture treatments. There is only mention that acupuncture helps pain and has made movement easier. Further, the frequency and duration of prior acupuncture treatment is not provided. Medical necessity is not established.

**Electro Acupuncture Additional 15 Minutes x 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Acupuncture.

**Decision rationale:** The patient is a 53-year-old female injured on 9/11/98 with chronic low back pain status post lumbar fusion on 4/26/01. This is a request for Electro Acupuncture additional 15 minutes. According to MTUS guidelines, an initial trial of acupuncture of 3-6 visits may be recommended for the treatment of chronic pain with further treatment dependent upon demonstrated functional improvement. However, in this case history and examination findings do not demonstrate clinically significant objective functional improvement or reduction in dependency on medical care from prior acupuncture treatments. There is only mention that acupuncture helps pain and has made movement easier. Further, the frequency and duration of prior acupuncture treatment is not provided. Medical necessity is not established.