

<b>Case Number:</b>	CM15-0109623		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on December 7, 2004. The mechanism of injury was a slip and fall down stairs. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease, lumbar facet syndrome, spinal stenosis, sciatica, low back pain and lumbar bulging discs. Treatment to date has included medications, radiological studies, MRI, acupuncture treatments, selective nerve root block, topical analgesics and a home exercise program. Current documentation dated April 24, 2015 notes that the injured worker reported constant sharp, burning low back pain with radiation down the left lower extremity. Associated symptoms included itching, numbness and tingling. The pain was rated an eight-nine out of ten on the visual analogue scale. The injured worker also noted difficulty sleeping related to the pain. Previous injections and past sessions of acupuncture were noted to have helped to relieve the pain. Acupuncture treatments provided seventy percent pain relief, functional gain and improvement with activities of daily living. The treating physician's plan of care included a request for acupuncture treatments # 8 and a selective nerve root block to lumbar five-sacral one left under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Acupuncture x 8: Overturned**

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

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

**Decision rationale:** The patient presents with constant sharp pain in the bilateral aspects of the lower lumbar spine, more on the left with throbbing pain, numbness and tingling radiating down the posterior lateral aspect of the left lower extremity. The current request is for eight acupuncture sessions. The treating physician states on 4/24/15 (34B) "the patient reports 70% pain relief, functional gain, and improved ADLs from completing 8 sessions of acupuncture." Review of the Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture for the treatment of the low back. AMTG states, "Time to produce functional improvement: 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented." In this case, the treating physician documented pain relief, functional gain, and improved ADLs. The patient may achieve further functional gains with more treatments. The current request is medically necessary and the request is supported by the AMTG.

## **SNRB L5-S1 LT Under Fluoroscopy: Upheld**

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

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

**Decision rationale:** The patient presents with constant sharp pain in the bilateral aspects of the lower lumbar spine, more on the left with throbbing pain, numbness and tingling radiating down the posterior lateral aspect of the left lower extremity. Currently the majority of the patient's pain is mediated in the L5 and S1 nerve root distributions on the left. The current request is for selective nerve root block at L5-S1 under fluoroscopy. The treating physician states on 4/24/15 (37B) "the patient has failed conservative care treatment options such as physical therapy, oral medications and topical medications. Patient has clinically improved from past spinal injections." MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging - testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Finally, 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. In this case, the physical examination documents radicular pain via a PSLR on the left and documents the additional failure of conservative treatments. However, the MRI results provided from 5/13/13 document radicular pain with a central disc protrusion at L4-L5 rather than on the left. The clinical documentation does document a history of successful treatment with prior "spinal injections." However, the clinical history does not document at least a 50% pain relief and associated reduction of medication use for six to eight weeks. Thus, the requested treatment is not consistent with MTUS Guidelines. The requested medical treatment is not medically necessary.