

<b>Case Number:</b>	CM15-0138056		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female who sustained an industrial injury on 3/22/2010 resulting in low back pain radiating into her right leg with stiffness and weakness. She was diagnosed with right-sided sciatica. Treatment has included sacroiliac Kenalog injections providing 85-90 percent pain relief lasting for three months; physical therapy which she reported caused pain to worsen; ice; chiropractic treatment with report of being minimally helpful with pain; home exercise; and, medication. The injured worker continues to present with radiating low back pain. The treating physician's plan of care includes 24 sessions of acupuncture and a right sciatic nerve injection with Kenalog. Current work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 sessions of acupuncture:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the case of this particular request for 24 sessions, the number of requested sessions of acupuncture is in excess of that recommended by guidelines cited above. The guidelines specifically state that the time to produce functional improvement is within six treatments. The independent medical review process cannot modify requests. Therefore, this request is not medically necessary.

**One right sciatic nerve injection with Kenalog:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Piriformis Injections and Other Medical Treatment Guidelines Other: Danelli G et al. The effects of ultrasound guidance and neurostimulation on the minimum effective anesthetic volume of mepivacaine 1.5% required to block the sciatic nerve using the subgluteal approach. *Anesth Analg* 2009; 109:1674.

**Decision rationale:** With regard to the request for a sciatic nerve block, the CA MTUS, ACOEM, and ODG do not directly address this issue. Instead, an outside academic article is cited. This nerve block is a type of peripheral nerve block done in subgluteal region. It should be noted that often times this nerve block is done in the vicinity of the piriformis muscles, as some patients with piriformis issues will experience sciatica. This association is described in the Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Piriformis Injections Heading which states: "Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint)." Within the documentation available for review, there is no clear establishment of sciatic nerve injury or compression as the pain generator for this patient's lower extremity symptoms. The patient is noted to have lumbar Radiculopathy. However, this would not be improved by a block at the level of the sciatic nerve which is distal to the lumbar nerve roots. There is no provocative exam finding, electromyographic study or MRI of the pelvis to highlight any sciatic nerve lesion. Thus, this request is not medically necessary.