

<b>Case Number:</b>	CM15-0168696		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

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 51 year old male, who sustained an industrial injury on August 15, 2014, incurring upper, mid and low back injuries. Cervical Magnetic Resonance Imaging revealed degenerative disc disease with disc protrusions and severe left foraminal narrowing. He was diagnosed with a lumbar sprain, lumbar radiculopathy, thoracic sprain, cervical sprain and right ankle sprain. Treatments included physical therapy, muscle relaxants, pain medications, anti-inflammatory drugs, back bracing and activity restrictions. Currently, the injured worker complained of increased cervical spasms and tenderness. Cervical spine and lumbar spine range of motion were decreased and limited. He rated his pain 8 out of 10 aggravated by standing, walking and bending and difficulty sleeping. He complained of muscle spasms, tenderness and loss of motor strength. The injured worker remained temporarily partially disabled with limitations. The treatment plan that was requested for authorization included electro acupuncture and a lumbar epidural steroid injection with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro acupuncture 2 x 3:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in March 2015 and is being treated for bronchitis and chest wall pain as the result of exposure to cement dust inhalation. He was seen by the requesting provider for an initial evaluation on 06/15/15. Pain was rated at 8/10. Physical examination findings included cervical spine spasms and upper extremity trigger points. There was decreased grip strength. On 07/30/15 he had a complaint of chest pain. There was positive right straight leg raising. There was decreased lumbar spine range of motion. Authorization for six electro acupuncture treatments was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, there is no planned adjunctive physical rehabilitation. The requested acupuncture treatments were not medically necessary.

**Lumbar epidural steroid injection with fluoroscopy:** 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 Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant sustained a work injury in March 2015 and is being treated for bronchitis and chest wall pain as the result of exposure to cement dust inhalation. He was seen by the requesting provider for an initial evaluation on 06/15/15. Pain was rated at 8/10. Physical examination findings included cervical spine spasms and upper extremity trigger points. There was decreased grip strength. On 07/30/15 he had a complaint of chest pain. There was positive right straight leg raising. There was decreased lumbar spine range of motion. Authorization for a lumbar epidural injection was requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no radicular complaints. There are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. The requested epidural steroid injection was not medically necessary.