

Case Number:	CM15-0182826		
Date Assigned:	09/23/2015	Date of Injury:	01/06/2014
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 64-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of January 6, 2014. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for 6 sessions of acupuncture and an SI joint corticosteroid injection. The claims administrator referenced an August 26, 2015 office visit in its determination. The claims administrator contended that the applicant had previously tried acupuncture and was reportedly unable to tolerate the same. The applicant's attorney subsequently appealed. On August 26, 2015, acupuncture and an SI joint injection were sought. In an associated progress note of August 26, 2015, the applicant reported ongoing complaints of mid and low back pain with radiation of pain to the right lower extremity. The applicant had not had a prior epidural steroid injection, it was stated, on the grounds that the claims administrator had denied multiple requests for the same. The applicant had comorbidities including diabetes, hypertension, and hypothyroidism, it was reported. The applicant was on metformin, Levoxyl, and a baby aspirin, it was reported. The applicant was working at a rate of 4 hours a day, 2 days a week. Acupuncture, SI joint injection, Motrin, and a home exercise program were endorsed. The attending provider stated that he wished for the applicant to consult a particular acupuncturist toward the bottom of the note while acknowledging toward the top of the note that the applicant had been unable to tolerate acupuncture performed by another provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for thoracic and lumbar spine QTY 6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Yes, the request for 6 sessions of acupuncture was medically necessary, medically appropriate, and indicated here. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24. 1a, acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here. The request, in effect, represented a first-time request for acupuncture as the treating provider reported on August 26, 2015 that the applicant had previously been unable to tolerate acupuncture performed by a different acupuncturist. Moving forward with a trial of acupuncture through another acupuncturist was, thus, indicated. Therefore, the request was medically necessary.

Right SI joint cortisone injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

Decision rationale: Conversely, the request for a right SI joint corticosteroid (cortisone) injection was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Low Back Disorders Chapter notes that sacroiliac joint injections are not recommended in the chronic non-specific low back pain context present here but, rather, should be reserved for applicants with some rheumatologically-proven spondyloarthritis implicating the SI joints. Here, however, there was no mention of the applicant's carrying a diagnosis or disease process such as HLA-B27 positive spondyloarthritis, rheumatoid arthritis involving the SI joints, etc., which would have compelled the SI joint injection in question. Therefore, the request was not medically necessary.