MAXIMUS Federal Services

| Case Number: | CM15-0192856 | | |
|---|---|---|---|
| Date Assigned: | 10/30/2015 | Date of Injury: | 01/10/2014 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

## 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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 61 year old male with an industrial injury date of 01-10-2014. Medical record review indicates he is being treated for low back pain, sciatica, disc bulge, degenerative disc disease; spinal stenosis and status post left knee surgery. Subjective complaints (09-16-2015) included pain in bilateral aspects of lumbar spine radiating into the left hip and buttocks. The pain is rated as 5 out of 10. The treating physician documented that previous acupuncture sessions had offered "moderate to excellent pain relief." Work status (09-16-2015) is full time with modifications. Medications included Ibuprofen and Neurontin. Prior treatment included chiropractic care, physical therapy, at least 6 sessions of acupuncture and medications. Objective findings (09-16-2015) included improved reflex at bilateral ankles and knees, improved sensation from lumbar 4-5 and lumbar 5-sacral 1 bilaterally. Gait was antalgic. Straight leg raise was positive bilaterally. On 09-23-2015 the following requests were denied by utilization review: Ultrasound guided Lumbar Paraspinal Muscle Trigger Point Injections at L4-5, L5- S1 Acupuncture 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Regarding the request for Acupuncture 6 sessions, 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. Within the documentation available for review, it appears the patient has undergone acupuncture previously but there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested Acupuncture 6 sessions is not medically necessary.

**Ultrasound guided Lumbar Paraspinal Muscle Trigger Point Injections at L4-5, L5-S1.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation (ODG),Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested Ultrasound guided Lumbar Paraspinal Muscle Trigger Point Injections at L4-5, L5-S1 are not medically necessary.