

<b>Case Number:</b>	CM15-0202532		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of November 5, 2014. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for six sessions of acupuncture and an SI joint injection. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 2, 2015 office visit, the applicant reported ongoing complaints of low back pain. SI joint injections and acupuncture were sought. The applicant did report 3 to 4/10 pain complaints. The attending provider contended that the applicant was working regular duty. It was not explicitly stated whether the applicant had or had not had prior acupuncture. On July 22, 2015, the applicant was described as using Tylenol, Relafen, and muscle relaxants for pain relief. The applicant was returned to regular work. An SI joint injection, acupuncture, and a TENS unit were all endorsed. On June 15, 2015, an additional six sessions of acupuncture were sought while the applicant was returned to regular work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x3 Right Knee: Upheld**

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

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

**Decision rationale:** No, the request for six (6) sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, all evidence on file pointed to the applicant's having plateaued following receipt of earlier unspecified amounts of acupuncture through the date of the request, September 2, 2015 while the applicant had returned to and/or maintained full-time, regular duty work status, the applicant remained dependent on variety of other forms of medical treatment to include analgesic medications such as Relafen, Tylenol, and an unspecified muscle relaxant as well as the SI joint injection also at issue. All evidence on file, thus, pointed to the applicant's having plateaued following receipt of earlier unspecified amounts of acupuncture. Therefore, the request for an additional six sessions of acupuncture was not medically necessary.

**Right SI Joint Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

**Decision rationale:** Similarly, the request for sacroiliac (SI) joint injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, invasive techniques, as a whole, are deemed of questionable merit. The third edition ACOEM Guidelines Low Back Disorders Chapter notes that sacroiliac joint injection are recommended in the treatment of chronic nonspecific low back pain, as was present here but, rather, should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant's having any rheumatologically-proven spondyloarthropathy implicating the SI joints, such as an HLA-B27 spondyloarthropathy, for instance. Therefore, the request was not medically necessary.