

<b>Case Number:</b>	CM14-0185645		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old female with a date of injury of 12/17/2012. She was lifting a bag of coins when she felt low back pain. Initially, conservative therapy was tried with physical therapy, medications, and epidural steroid injections. These measures failed, and on 11/25/2013 she underwent a lumbar discectomy. She is being treated with pain medication that includes Tramadol and Diclofenac. A urine drug screen on 5/27/14 was positive for tramadol and marijuana. As of a 5/29/14 progress note her diagnoses are as follows: status post lumbar spine decompression, chronic low back pain, lumbar disc herniation, degenerative disc disease, radiculitis in the lower extremities at left L5, resolved. Her disability status is "permanent and stationary." She does appear to be working, but does have work restrictions in place. A 9/2014 pain management consult notes states that the patient has "failed back surgery syndrome" as well as sacroiliac joint pain bilaterally. The physical exam showed limited range of motion of the lumbar spine with tenderness on palpation of the L5 spinous process and tenderness to palpation along the S1 joint bilaterally. The pain management physician recommended bilateral sacroiliac joint injections. A utilization review physician did not certify this request. Acupuncture and cognitive behavioral therapy treatments were also requested and declined by utilization review. An Independent Medical Review was requested to assess the medical necessity of these disputed services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3 times per week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-11.

**Decision rationale:** In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." Section 9792.20 e and f are defined as follows, " (e) "Evidence-based" means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE." "(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." This request for Acupuncture is 2-3 times per week for 6 weeks, which are 12-18 treatments. This is outside the guideline recommendations, and is likewise not medically necessary.

**Bilateral Sacroiliac Joint Steroid Injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Sacroiliac Blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG,) criteria for sacroiliac blocks

**Decision rationale:** The California MTUS guidelines do not address this request. Therefore, the ODG guidelines were consulted. The ODG criteria for sacroiliac blocks recommends a trial of conservative therapy defined as at least 6 weeks of a comprehensive exercise program, local icing, mobilization/manipulation, and anti-inflammatories. There should be evidence of a clinical picture that is suggestive of sacroiliac dysfunction. In this patient's case she did undergo conservative care prior to her lumbar discectomy on 11/25/2013, but there is no documentation of conservative therapy following her back surgery as is defined above by the ODG. Likewise, this request for sacroiliac joint injections is not medically necessary.

**Cognitive Behavioral Therapy 1 times a week for 2 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The California MTUS guidelines reference the ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain. These guidelines state the following, "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ.)Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions.) This request is for CBT 1 time a week for two months. This request is not in accordance with the recommended guidelines and is therefore not medically necessary.