

<b>Case Number:</b>	CM15-0100341		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 43 year old male who sustained a work related injury February 28, 2013. While working as a police officer and chasing a suspect, he was met by a dog, and in an attempt to protect himself, he got his right foot stuck, he twisted to the right, and fell backwards onto his buttock area, and developed back pain. He received a round of physical therapy which was temporarily helpful. According to a physical medicine consultation, dated April 20, 2015, the injured worker presented with complaints of back pain. The pain is described as shooting, nagging, and throbbing, across his low back and down the buttock and into the back of his legs, rated 7/10. He reports numbness, tingling, and weakness throughout the lower extremities, and problems with sleeping at night. Any sitting, standing, or walking, over 25 minutes becomes problematic. Physical examination of the lower extremities revealed decreased lumbar lordosis; trigger points in the gluteus medius and lumbar quadrant region bilaterally with a twitch response. Range of motion of the lumbar spine; forward flexion is 50 degrees, extension 10 degrees with facet pain, rotation right and left are 30 degrees. Diagnosis is documented as non-specific chronic low back pain. Treatment plan included, at issue, the request for authorization for acupuncture in conjunction with physical therapy and lumbar facet joint injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet injection at (lumbar) L4-L5 & (lumbosacral) L5-S1 levels, bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**Decision rationale:** Facet joint injections are of questionable merit in low back pain. Though exam does show facet pain, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. The records do not substantiate the medical necessity of Facet injection at (lumbar) L4-L5 & (lumbosacral) L5-S1 levels, bilaterally. The request is not medically necessary.

**Acupuncture, in conjunction with Physical Therapy, 2 times wkly for 6 wks, 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 4, 8-9, 98-99.

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that the worker is not able to return to productive activities or that the worker is participating in an ongoing exercise program to which the acupuncture would be an adjunct. Additionally, in this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for acupuncture treatments. With regards to physical therapy, physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. The request is not medically necessary.