

<b>Case Number:</b>	CM15-0121737		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/20/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 59 year old male patient who sustained an industrial injury on 04/20/2014. A very recent follow up examination dated 04/09/2015 reported nerve conduction study performed on 03/30/2015 with normal findings. The patient is with subjective complaint of having ongoing lower back pain with radiation to the bilateral lower extremities. He is using Ultracet and Relafen as needed. Objective findings showed a restricted lumbar range of motion. He was diagnosed with L4-5 spondylolisthesis with a small to moderate disc herniation. The plan of care noted: recommending the patient receive an epidural injection and participate in 6 additional acupuncture sessions. He is to follow up in 6 weeks. The patient is to remain on modified work duty. A follow up visit dated 03/04/2015 reported discussion if the patient was not interested in proceeding with surgical intervention then he should be made permanent and stationary. Back in February 2015, the plan of care remained unchanged with standing request for epidural injection and additional acupuncture sessions. The same results found in January 2015 standing recommendation for additional acupuncture and epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection at L4-L5 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are L4 -L5 spondylolisthesis with a small to moderate disc herniation. Date of injury is April 20, 2014. The request authorization is May 20, 2015. A progress note dated April 9, 2015; the injured worker's subjective complaints are low back pain that radiates into bilateral lower extremities. Current medications include Ultracet and Relafen. An EMG/NCV was performed on March 30, 2015 that was normal. Objectively, it was decreased range of motion. There is no neurologic objective evidence of radiculopathy. The guideline criteria for ESI include objective evidence of radiculopathy with corroboration by imaging and/or electrodiagnostic studies. There is no clinical objective evidence of radiculopathy. There is no electrodiagnostic evidence of radiculopathy on EMG/NCV. Consequently, absent clinical documentation with objective evidence of radiculopathy on physical examination and a normal EMG/NCV, epidural steroid injection at L4-L5 are not medically necessary.

**6 additional sessions of acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, six additional acupuncture sessions is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three-four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this

procedure beyond an initial short period. In this case, the injured worker's working diagnoses are L4- L5 spondylolisthesis with a small to moderate disc herniation. Date of injury is April 20, 2014. The request authorization is May 20, 2015. In a progress note dated April 9, 2015, the injured worker's subjective complaints are low back pain that radiates into bilateral lower extremities. Current medications include Ultracet and Relafen. An EMG/NCV was performed on March 30, 2015 that was normal. Objectively, it was decreased range of motion. There is no neurologic objective evidence of radiculopathy. According to a June 4, 2015 progress note, the injured worker received 12 sessions of acupuncture treatment. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. There is no documentation demonstrating objective functional improvement. The guidelines recommend up to 12 visits over 4 to 6 weeks with inconclusive evidence for repeating this procedure beyond the initial short. The treating provider is requesting an additional 6 acupuncture treatments. Consequently, absent compelling clinical documentation with objective functional improvement and a request for an additional 6 sessions (the injured worker received 12 acupuncture sessions to date), six additional acupuncture sessions is not medically necessary.