

<b>Case Number:</b>	CM15-0087862		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/28/2006
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 28, 2006. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture and a repeat epidural steroid injection. A partial approval of 4 sessions of acupuncture was seemingly issued, however. The claims administrator referenced office visits and RFA forms of April 7, 2015 and April 8, 2015 in its determination. The claims administrator also seemingly failed to approve a request for a spinal cord stimulator trial. The applicant's attorney subsequently appealed. On said April 7, 2015 office visit, the applicant reported ongoing complaints of chronic, severe low back pain with superimposed complaints of peripheral neuropathy. The attending provider contended that "periodic epidurals" had proven effective. The attending provider then stated in another section of the note that epidural injections were not initially effective. The applicant had received multiple epidural steroid injections over the years, including 3 injections in 2009 and unspecified numbers of injections in 2012. The applicant had also received periodic sacroiliac joint injections, it was reported. Highly variable 6-10/10 pain complaints were reported. The applicant's medications included Norco, Lyrica, Soma, Coumadin, Zocor, Levoxyl, and Lovenox, it was reported. The applicant had reportedly quit smoking, it was stated in one section of the note. Patchy hyposensorium was noted about the bilateral lower extremities. Twelve sessions of acupuncture were sought. The treating provider contended that the applicant had not had prior acupuncture. The treating provider also appealed a previously denied spinal cord stimulator trial, stating that the applicant had been cleared to pursue the same biopsychologist. The attending provider also sought authorization for a repeat epidural steroid injection. The applicant's permanent work restrictions were renewed. It was not clearly stated

whether the applicant was or was not working with said limitations in place, although this was not explicitly stated. On January 13, 2015, the applicant's psychologist seemingly suggested that the applicant had been terminated by his former employer and had ongoing issues with pain and disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2 x 6 for the low back:** 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 12 sessions of acupuncture for the low back was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledges that acupuncture may be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is 3-6 treatments. Here, thus, the request for 12 sessions of acupuncture, in effect, represented treatment at a rate 2-4 times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of treatment well in excess of MTUS parameters. Therefore, the request was not medically necessary.

**Transforaminal epidural steroid injection at bilateral L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** Similarly, the request for a transforaminal epidural steroid injection at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. As the treating provider acknowledged, the request in question did in fact represent a request for repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, it was reported on January 13, 2015. The applicant remained dependent on a variety of opioid and non-opioid agents, it was acknowledged on April 7, 2015, including Norco, Lyrica, Soma, etc. Permanent work restrictions were renewed on that date, seemingly unchanged from prior visits. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior epidural steroid injections over the course of the claim. Therefore, the request for a repeat epidural steroid injection was not medically necessary.