

Case Number:	CM13-0006573		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2012
Decision Date:	03/06/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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 38 year old injured worker who sustained a work related injury on October 25, 2012. The patient subsequently developed chronic back pain. According to the note of June 20 2013, the patient was reported to have bilateral shoulder pain and increased lumbar pain. His physical examination demonstrated cervical range of motion, lumbar range of motion and decreased bilateral shoulder range of motion. His EMG of January 17, 2013 suggested left L5-S1 radiculopathy. His MRI of the lumbar spine performed on May 28, 2013 showed L4-L5, posterior disc bulge. According to a 2012 note the patient was treated with Norco, Robaxin, ibuprofen, and menthol patch. However, there is no recent documentation of pain medications use. The patient was diagnosed with lumbar disc radiculopathy, cervical strain, bilateral shoulder strain, and bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internist referral for muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Early Intervention, Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 17.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the presence of red flags may indicate the need for specialty consultation. Additionally, based on the MTUS guidelines the requesting physician should provide documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines state the following, "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) ". Based on the medical records provided for review the patient does not fulfill any of the above criteria for an internist referral. Muscle testing is a part of routine physical examination and evaluation management visit. It is not a separate procedure and consultation that need the expertise of an internist. There is no clear rational and justification for an internist consultation. The request for a Internist referral for muscle testing is not medically necessary and appropriate.

Set of 3 epidural injections for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Early Intervention, Assessing Red Flags and Indication for Immediate Referral Page(s): 32-33, 17.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the presence of red flags may indicate the need for specialty consultation. Additionally, based on the MTUS guidelines the requesting physician should provide documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines state the following, "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach:(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003) ". The medical records did not include documentation supporting the medical necessity for a pain management evaluation with a specialist and there were no reasons of specific goals and end point for using the expertise of a specialist. Furthermore the medical records did not include a listing of spine

pain in the problems list with a complete clinical assessment. The request for a set of three epidural injections for pain management is not medically necessary and appropriate.

Epidural injections for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no recent clinical and objective documentation of lumbar radiculopathy. Furthermore, the provider did not specify the level of requested injection. There is no recent documentation of failure of first line pain medications. The MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. The request for Epidural injections for the lumbar spine is not medically necessary and appropriate.

Acupuncture, quantity eight: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines. 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. It is the insertion and removal of filiform needles to stimulate acupuncture points. Needles may be inserted, manipulated, and retained for a period of time. 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. Furthermore and according to the MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupuncture points. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites". Based on the medical records provided for review, the patient developed chronic back pain and musculoskeletal disorders. The patient is a candidate for treatment with acupuncture. However the authorization of the requested treatment cannot be authorized without documented objective evidence of derived functional benefit. The request for acupuncture, quantity eight is not medically necessary and appropriate.

