

Case Number:	CM13-0015964		
Date Assigned:	10/10/2013	Date of Injury:	01/25/2011
Decision Date:	04/01/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 49-year-old female who reported an injury on 01/25/2011. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with cervicalgia, lumbar radiculitis, sciatica, and thoracic pain. The patient was seen by [REDACTED] on 08/08/2013. The physical examination revealed intact sensation, bilateral positive straight leg raising, and 4/5 strength throughout the upper and lower extremities without any focal weakness. Treatment recommendations included acupuncture and lumbar epidural steroid injection. The patient underwent electrodiagnostic studies of bilateral lower extremities on 02/14/2012 which indicated normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. The patient's electrodiagnostic study did not reveal any evidence of radiculopathy. There were no imaging studies submitted for review. There is no documentation of a recent unresponsiveness to conservative treatment including exercises, physical methods, Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S and muscle relaxants. Additionally, it was noted on 04/27/2012 by [REDACTED], the patient underwent a right L3-4 epidural steroid injection. Documentation of at least 50% pain relief with an associated reduction of medication use following the injection was not provided. Based on the clinical information received, the request is non-certified.

Acupuncture x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce improvement includes 3 to 6 treatments. The patient's physical examination only revealed 4/5 motor strength in bilateral upper and lower extremities with bilateral positive straight leg raising. There was no documentation of a significant musculoskeletal deficit. There is no indication that the patient's pain medication is being reduced or is not tolerated. Additionally, the current request for 12 sessions of acupuncture treatment exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.