

Case Number:	CM13-0022472		
Date Assigned:	03/19/2014	Date of Injury:	01/17/2013
Decision Date:	06/02/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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 an employee of [REDACTED] and has submitted a claim for neck and low back pain with an industrial injury date of January 17, 2013. The treatment to date has included medications, chiropractic treatment, physical therapy, and 6 sessions of acupuncture. The utilization review from August 16, 2013 denied the request for lumbar epidural steroid injection @ L4-5 because the presence of radiculopathy was not documented; and acupuncture three times a week for four weeks for the lumbar spine and cervical spine because there was no documented evidence of functional improvement with prior treatment. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck pain radiating to both arms, right more than the left; and low back pain radiating to both lower extremities into the sole of the foot, right more than the left. On physical examination, the cervical and lumbar spines had decreased range of motion and were tender to palpation. Motor strength was 4/5. There was decreased sensation to light touch on both upper and lower extremities. MRI of the lumbar spine, dated 02/25/2013, revealed three-level degenerative disc disease, most prominent at L5-S1. In combination with facet arthropathy and ligamentum flavum redundancy, there is moderate left and mild-to-moderate right L4/L5 and L5/S1 and neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar epidural steroid injection at L4-5: Upheld

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

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

Decision rationale: According to page 46 of the Chronic Pain Medical Treatment Guidelines, epidural injections are not supported in the absence of objective radiculopathy. In addition, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. In this case, there was no documentation of radiculopathy either in the physical examination or through imaging. Furthermore, there was no discussion regarding failure of conservative treatment. The criteria have not been met; therefore, the medical request for a lumbar epidural steroid injection at L4-5 is not medically necessary.

Acupuncture for the cervical and lumbar spine (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, treatments may be extended if functional improvement is documented for a total of 24 visits. In this case, the patient already had 6 sessions of acupuncture; however, after therapy, functional improvement was not documented, such as a clinically significant improvement in activities of daily living or a reduction in work restrictions. Therefore, the request for Acupuncture for the cervical and lumbar spine (12 sessions) is not medically necessary.