

Case Number:	CM13-0027302		
Date Assigned:	03/14/2014	Date of Injury:	09/16/2011
Decision Date:	05/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 injured worker is a 55-year-old female with a date of injury of 10/16/2011. The injured worker has diagnoses of low back pain, degenerative lumbar disc, lumbar facet joint syndrome, bulging disc, sciatica, and numbness. Mode of injury was not documented. The injured worker was seen on 09/09/2013 for a follow-up appointment. The injured worker complains of pain in the bilateral aspect of the lower lumbar spine with pain and numbness radiating down the bilateral lower extremities. The injured worker rates her pain intensity as 7-8/10. On objective exam, the physician noted decreased sensation to pinprick at L5-S1, antalgic gait, and positive straight leg raise bilaterally. EMG was completed on 02/08/2013 with abnormal examination. There was electrodiagnostic confirmation of right L5 and S1 radiculopathy. MRI of the lumbar spine on 08/17/2012 findings were L4-5, severe bilateral facet arthropathy, severe marrow edema at the facets, annular bulge and slight right foraminal narrowing; L5-S1, severe bilateral arthropathy, 3 mm degenerative anterolisthesis, annular bulge with mild right foraminal narrowing; other milder degenerative changes. On discussion with physician, the injured worker noted minimal relief, functional gain, and activities of daily living improvements from her lumbar spinal injection on 07/30/2013. Treatment options were discussed. The injured worker elected to initiate medical acupuncture for pain relief and functional gain. The plan and treatment options were discussed and the injured worker was advised to wait a little longer for injection effects to take place. A request was made for in office diagnostic therapeutic spinal injection and in office medical electrical acupuncture for pain control times 8 visits. The injured worker was to follow-up in 3 weeks. Request for authorization for acupuncture and the selective nerve root injections were both dated 09/09/2013 the same as the office note of 09/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE VISITS FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Guidelines do note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehab and/or surgical intervention to hasten functional recovery. Time to produce functional improvement is 3 to 6 treatments. There is no documentation noted in the office visit indicating that the patient is on pain medication, is reducing pain medication, or is not tolerating. Also, there was no notation in the documentation provided that the patient is currently in a physical rehabilitation which is a recommendation to be an adjunct with acupuncture. The request as submitted is for acupuncture times 8 visits and the guidelines recommend time to produce functional improvement is 3 to 6 treatments therefore the request exceeds guideline recommendations. Given the above, the request for 8 acupuncture visits for the low back are non-certified.

DIAGNOSTIC AND THERAPEUTIC SPINAL INJECTION UNDER FLUOROSCOPY, BILATERAL L5-S1 SELECTIVE NERVE ROOT INJECTIONS: 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 Injections Page(s): 46.

Decision rationale: California Guidelines does note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, also, initially unresponsive to conservative treatment. 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. In the documentation provided, radiculopathy was documented on physical examination but there were no formal imaging studies and/or electrodiagnostic testing forwarded for review to corroborate the radiculopathy. There was a notation in the 09/09/2013 office note that patient reports minimal pain relief, functional gain, activities of daily living improvement from her lumbar spinal injection on 07/30/2013. California Guidelines does state that 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. This was not documented in the clinical information submitted for review. There is a lack of documentation as far as imaging studies and/or electrodiagnostic testing to corroborate the radiculopathy. The documentation as far as previous injections noted minimal pain relief

which does not meet California Guidelines recommendation. Therefore, the request is non-certified.