

Case Number:	CM13-0027964		
Date Assigned:	11/22/2013	Date of Injury:	11/21/2012
Decision Date:	06/06/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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 a 28-year-old male who reported an injury on 11/21/2012 after lifting a 5 gallon bucket causing pain in his lower back. The patient was initially treated with medications and physical therapy. The patient underwent an MRI in 05/2013 that revealed L4-5 disc bulge indenting on the thecal sac. The patient was treated with medications, acupuncture, physical therapy, epidural steroid injections, lumbar facet blocks, TENS, lumbar brace, and hot/cold therapy. The patient's most recent clinical examination findings included diminished sensation in the L4 distribution and tenderness to palpation over the paraspinal musculature at L3-4, L4-5, and L5-S1. The most recent office note revealed the patient was complaining of constant low back pain that radiated down both legs as well as numbness in both lower extremities. He notes his medication does not reduce his pain. Examination findings revealed deep tendon reflexes and sensation were intact. There was tenderness to palpation of the bilateral SI joints, buttocks, pelvic brims and mild paraspinal tenderness. Straight leg raise was negative and range of motion was decreased in the lumbar spine. The patient's diagnoses included displacement of lumbar intervertebral disc without myelopathy, myalgia, insomnia, lumbar spondylosis, and bilateral neural foraminal stenosis at L5-S1. The patient's treatment plan included topical analgesics, a home exercise kit, and an additional epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TP II SESSIONS QTY: 6.00: 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 TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: CA MTUS Guidelines state trigger point injections are recommended for patients with documented circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain, symptoms that have persisted for longer than 3 months, other medical management has failed to control pain, radiculopathy is not present and no more than 3-4 injections per session. The clinical information submitted for review lacked objective findings of circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain to meet guideline criteria. Also, the request is for 6 injections which exceeds guideline recommendations. As such, the requested TP II sessions QTY: 6 are not medically necessary or appropriate.

LINT EXAM L/S QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gorenberg, M., Schiff, E., Schwartz, K., & Eizenberg, E. (2011). A novel image-guided, automatic, high-intensity neurostimulation device for the treatment of nonspecific low back pain. Pain research and treatment, 2011.

Decision rationale: The request for Lint Exam L/S is localized manual high-intensity neurostimulation devices that are applied to small surface areas to stimulate peripheral nerve endings, thus causing the release of endogenous endorphins. CA MTUS does not address. However, in an article authored by Gorenberg states, "The results of the current pilot study show that treatment with this novel device produced a clinically significant reduction in back pain in 95% of patients after four treatment sessions. The decrease both in pain and perceived disability, combined with the improvement in ROM, support further investigation of the use of this therapy in the treatment of LBP", the requested treatment still requires further investigation. As such, the requested Lint Exam is not medically necessary or appropriate.

PAIN MANAGEMENT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The clinical documentation submitted for review noted the patient recently received an epidural steroid injection; however, the response to that injection was not provided

indicating pain relief was not achieved. CA MTUS states if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. As such, the requested Pain Management is not medically necessary or appropriate.

ACUPUNCTURE SESSIONS QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule does recommend continuation of acupuncture treatments when there is documentation of significant functional improvement, medication reduction, and symptom response to support continuation of treatment. The clinical documentation submitted for review does provide evidence that the patient previously received acupuncture treatments. However, the clinical documentation do not address medication reduction or significant functional benefit as result of the prior treatment. As such, the requested Acupuncture 12 sessions are not medically necessary or appropriate.

CHIROPRACTIC SESSIONS QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION Page(s): 58.

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient previous received any chiropractic care. California Medical Treatment Utilization Schedule recommends a trial of 6 visits to establish the efficacy of this treatment modality. Continuation of treatment should be based on objective functional improvement and pain relief. The requested 12 sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Chiropractic Sessions QTY: 12.00 are not medically necessary or appropriate.

URINE ANALYSIS (UA) QTY: 1: 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 DRUG TESTING Page(s): 43.

Decision rationale: The clinical documentation submitted for review does not provide any evidence that the patient is currently taking any medications that would require monitoring for

aberrant behavior. California Medical Treatment Utilization Schedule recommends drug testing when there is suspicion of aberrant behavior or illicit drug use. The clinical documentation submitted for review does not provide any evidence that the patient has symptoms to provide suspicion of illicit drug use. Additionally, the recent clinical documentation does not provide any evidence that the patient is taking any medications that requiring monitoring. As such, the requested Urine Analysis is not medically necessary or appropriate.