

Case Number:	CM13-0038714		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2008
Decision Date:	03/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesia has a subspecialty in Acupuncture & Pain 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:

This patient reported a date of injury 6/1/08 with related neck, back, and upper extremity pain. Per 8/27/13 progress report, physical exam demonstrated pain on extension of the cervical spine, positive straight leg raise test on the right, lumbar tenderness, lumbar trigger points, antalgic gait, limited lumbar range of motion. There is diminished sensation in the L5 and S1 dermatomes. Lumbar MRI dated 3/4/10 reveals a 3 mm disc bulge with partial obliteration of the lateral recesses and mild narrowing of the bilateral neural foramina at L5-S1. Lumbar MRI dated 5/31/13 revealed a 3 mm disc protrusion resulting in mild abutment of the descending S1 nerve roots bilaterally as well as abutment of the exiting right and left L5 nerve roots. Treatment to date has included lumbar ESI, medication, physical therapy, and activity modification. The date of UR decision was 9/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 acupuncture sessions for the neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function chapter, page 114

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

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20" The MTUS definition of functional improvement is as follows: "'Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM page 309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints. The documentation submitted for review indicates the injured worker was treated with acupuncture between 2009 and 2010 but lacks evidence of functional benefit from the treatment. As such, the request is not appropriate and is not medically necessary.

lumbar epidural steroid injection (ESI) bilateral L5-S1 under fluoroscopy and monitored anesthesia care (MAC) anesthesia series of 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

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

Decision rationale: Per MTUS CPMTG p46, Epidural steroid injection is recommended as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. According to the MTUS CPMTG, the criteria for the use of Epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per 5/7/13 supplemental

report, the injured worker underwent a lumbar epidural steroid injection 2/5/13 that resulted in greater than 90% improvement of his low back and radiating right leg symptoms, he reported only slight return of his symptoms when re-examined on 3/11/13. The request is medically necessary.