

Case Number:	CM13-0040190		
Date Assigned:	12/20/2013	Date of Injury:	05/18/2012
Decision Date:	03/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Ohio and Texas. 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 45-year-old female who reported an injury on 05/18/2012. The patient is currently diagnosed with lumbar radiculopathy and right shoulder pain. The patient was seen by [REDACTED] on 12/05/2013. The patient reported ongoing right low back and shoulder pain. Physical examination revealed no apparent distress and no apparent loss of coordination. Treatment recommendations included authorization for a right L5-S1 transforaminal epidural steroid injection, as well as acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

right transforaminal epidural steroid injection at L5-S1 under fluoroscopy and anesthesia:
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 Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

As per the clinical documentation submitted, a previous physical examination by [REDACTED] on 10/17/2013 revealed positive straight leg raising on the right, decreased strength, and decreased sensation in the right S1 distribution. However, the patient underwent an MRI of the lumbar spine on 10/08/2013 which indicated mild disc desiccation at L5-S1 without central canal stenosis or neural foraminal stenosis. Additionally, the patient previously underwent an epidural steroid injection at L5-S1 on 07/31/2013. Documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. Therefore, the repeat injection is not indicated. There was also no documentation of extreme anxiety or a fear of needles that warrant the need for anesthesia/sedation. Based on the clinical information received and California MTUS Guidelines, the request is non-certified

Acupuncture (16 sessions): 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 interventions to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the documentation submitted, the patient does report ongoing lower back pain. However, the current request for 16 sessions of acupuncture treatment greatly exceeds guideline recommendations for a trial of 3 to 6 treatments. The medical necessity has not been established. Therefore, the request is non-certified.