

Case Number:	CM13-0057203		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2005
Decision Date:	04/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery, 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 a 66-year-old gentleman who was injured in a work-related accident on 1/28/05. The medical records provided for review included a 12/4/13 progress report documenting a diagnosis of lumbar spondylosis and stenosis. The claimant described low back pain with stiffness with radiating pain to the legs, numbness with walking greater than 10-15 minutes. Objectively, there was noted to be soreness and tightness with paravertebral muscle palpation. Neurologic examination was intact with the exception of paresthesias to the anterior thigh and posteromedial calf bilaterally with sensation testing and negative straight leg raising. The recommendations at that time were for continuation of medication management, acupuncture, urinalysis, and referral for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant's current diagnosis of spondylolisthesis, stenosis, and chronic pain would support the role of acupuncture, but for no more than 3-6 treatments to demonstrate

functional improvement prior to extending treatment. There is no documentation to determine the amount of acupuncture sessions provided thus far or what functional improvement was obtained from the sessions. In absence of this information, the requested 12 treatments in this case would exceed the Acupuncture Guidelines recommendation. As such, the request is noncertified.

LUMBAR EPIDURAL: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines clearly indicate that radiculopathy must be documented by physical examination findings and corroborated by electrodiagnostic studies or imaging. The records in this case failed to demonstrate imaging or electrodiagnostic studies supportive of a radicular process. While the claimant has documentation of a sensory change on examination, the absence documentation to determine the clinical correlation of the above would fail to necessitate the role of the epidural injection at an unnamed level. The request is noncertified.