

Case Number:	CM13-0062448		
Date Assigned:	12/30/2013	Date of Injury:	02/11/1997
Decision Date:	05/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Pain Medicine 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 60-year-old male who reported an injury on 02/11/1997. The mechanism of injury was not provided in the medical records. The clinical note dated 10/23/2013, indicated that the injured worker was seen for follow-up for ongoing back and right leg symptoms. The injured worker reported 3/10 pain. The injured worker reported intermittent right leg aching and numbness into his foot. The clinical note indicated that the injured worker was attending acupuncture, and it had helped manage his pain level. The injured worker had an epidural steroid injection four (4) months prior that allowed him to increase his activities with less pain. The injured worker had limited range of motion to the lumbar spine in all planes. The injured worker had a positive straight leg raise test bilaterally, greater on the right side, with symptoms extending into the calf. The injured worker had diminished sensation on the right in the L3, L4, L5, and S1 dermatomes. The injured worker reported that he was able to sit up to 30 minutes, stand for 30 minutes, and walk for 30 minutes without pain interfering. The injured worker reported his sleep was being affected by pain; the injured worker noted he could only sleep 4 hours to 6 hours per night before the pain awoke him. The injured worker had diagnoses including lumbar radiculitis, right L4, L5, and S1, status post minimal lumbar decompression L5-S1 in 2000, and facet atrophy in the left greater than the right at L4-5 and L5-S1. The injured worker's medication regimen included cyclobenzaprine 7.5 mg tablet and hydrocodone/APAP 10/325 mg. The provider recommended the injured worker continue acupuncture as planned as it was helping with his pain. The decision for one (1) set of transforaminal epidural steroid injections on the right at L4-L5 and S1 dated 10/23/2014, for the diagnosis of Lumbar radiculitis, right, L4, L5, S1; status post microscopic lumbar discectomy (MLD) L5-S1 in 2000; and facet arthropathy in the left greater the right L4-L5, and L5-S1. The decision for six (6) acupuncture

sessions dated 10/23/2014 for the diagnosis of Lumbar radiculitis, right, L4, L5, S1; status post MLD L5-S1 in 2000; and facet arthropathy in the left greater the right L4-L5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SET OF TRANSFORAMINAL EPIDURAL STEROID INJECTIONS ON THE RIGHT AT L4-L5 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MAY 2009..

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

Decision rationale: The Chronic Pain Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. The purpose of the epidural steroid injection is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treating programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The guidelines state the injured worker must be initially unresponsive to conservative treatment such as exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. The injured worker was noted to have a normal gait, but had limited range of motion to the lumbar spine in all planes. The injured worker had an epidural steroid injection four (4) months prior that allowed him to increase his activities with less pain. The injured worker had a positive straight leg raise test bilaterally, greater on the right side, with symptoms extending into the calf. The injured worker had diminished sensation on the right in the L3, L4, L5, and S1 dermatomes. The injured worker reported he was able to sit up to 30 minutes, stand for 30 minutes, and walk for 30 minutes without pain interfering. The injured worker reported his sleep was being affected by pain; the injured worker noted he could only sleep four (4) hours to six (6) hours per night before the pain awoke him. The injured worker is noted to be able to work full time and tolerate working at the time of 11/05/2013 office visit. The documentation provided did not include how long the last injection gave relief, how much pain relief was noted after the injection. The clinical documentation submitted for review fails to provide any evidence to support the efficacy of this request for the one (1) set of transforaminal epidural steroid injections on the right at L4-L5 and S1. Therefore, the request is non-certified.

SIX ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it is an adjunct to

physical rehab and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious injured worker, and reduce muscle spasm. The time to produce functional improvement is three to six (3-6) treatments and the acupuncture treatments may be extended if functional improvement is documented, including either clinically significant improvement in activities of daily living or reduction of work restrictions. The documentation provided noted the injured worker previously participated in acupuncture therapy and they were effective in controlling his pain. There was a lack of documentation of the efficacy of the prior acupuncture therapy as evidenced by objective functional improvements upon physical examination. The submitted request did not indicate the area of the injured workers body the requested treatment was to be administered to. Therefore, the request for six (6) acupuncture sessions is non-certified.