

Case Number:	CM13-0070961		
Date Assigned:	01/08/2014	Date of Injury:	02/12/2013
Decision Date:	04/21/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Practice, and is licensed to practice in Arizona. 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 63-year-old male with a date of injury on 2/12/2013. The patient has ongoing symptoms related to the low back and right shoulder. Diagnoses include cervical musculoligamentous sprain, left upper extremity radiculitis, bilateral lower extremity radiculitis, and sacroiliac joint sprain. Subjective complaints include low back pain with radiation to the bilateral legs, right shoulder pain, and difficulty sleeping. Physical exam shows lumbar spine muscle guarding, positive bilateral straight leg raise test, and decreased lumbar range of motion. Right shoulder exam was positive for impingement and crepitus with decreased range of motion, and 4/5 muscle weakness. MRI of cervical spine showed disc protrusion at C3-C6, and lumbar MRI showed disc protrusions at L3-L4, L4-L5 and L5-S1. Medications include Norco 10/325 mg twice a day, Fexmid twice a day, and Remeron at night. Documentation indicates that patient has failed to improve with physical therapy, medication, bracing, activity modification, acupuncture treatment, and home exercise. Treating provider is requesting pain management consultation for consideration for lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pain management consultation for consideration for facet block and epidural steroid injections: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Additionally, Chronic Pain Medical Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation erican College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, page 127

Decision rationale: CA MTUS guideline notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Furthermore the [REDACTED] concluded that epidural steroid injections may lead to improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there are documented radicular signs that are also demonstrated on the MRI. Furthermore, ACOEM guidelines indicate that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. This patient has persistent pain and per the submitted records is not improving with treatment modalities. The consultation would be to determine if and at what levels injections should be considered. Therefore, since patient would be considered a candidate for ESI the request for consultation with pain management is medically necessary.

Unknown trial of acupuncture treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment if functional improvement is documented. For this patient, the submitted reports indicate that this patient had previously failed acupuncture treatment. Furthermore, the request as written does not indicate the frequency or duration of treatment. Therefore, the medical necessity of acupuncture is not established.