

<b>Case Number:</b>	CM14-0010623		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old with a work injury dated 12/17/12 to his low back which occurred while moving heavy pallets. His diagnosis is symptomatic degenerative lumbar spondylosis. The patient has a history of a prior low back injury in 1988. Under consideration is a request for epidural steroid injection lumbar spine and acupuncture 2 x 4 weeks for the lumbar spine. There is a primary treating physician progress report dated 12/27/13 that states that the patient's lumbar pain is 1/10 and increases with pain and lifting. On exam there is paravertebral tenderness. There is full active range of motion with pain. The treatment plan includes epidural steroid injection, acupuncture, and return to modified work. There is an 11/18/13 QME that states that on examination the patient has a normal gait. There is no evidence of scoliosis. There is normal-appearing lumbar lordosis. The lumbar flexion (sacral flexion angle 45 degrees) is 60 degrees with no pain lumbar extension: 25 degrees with no pain; left: lateral bending: 25 degrees with no pain Right lateral bending: 25 degrees with no pain. The patient is non-tender about the lumbar spine. No palpable masses. No erythema, no increased warmth, no ecchymoses about the lumbar spine. No evidence of muscle spasm. Light touch intact L2-S1 in bilateral lower extremities. 5/5 motor L2-S1 in bilateral lower extremities. Straight leg raise negative in bilateral lower extremities. 2 + DTR in bilateral knees and ankles. No evidence of thigh or calf muscle atrophy bilaterally. By patient report the back pain that he experienced in December of 2012 is "exactly the same" pain that he felt during his previous episodes of back pain. He currently remains on light duty. He does not get back pain with activities of daily living outside of work. The only time he gets the back pain is when lifting heavy objects at work. Per QME document both the MRI from 1995 and the MRI from August of 2013 show L4-1.5 and L5-S1 disc herniations. Without comparing the MRI images side by side the QME physician cannot comment on

whether there has been radiographic worsening of his lumbar spondylosis between the first and the second MRI. Clinically he states that there has been no change in the patient's symptomatology since his low back injury in 1988. An MRI of the lumbar spine (including neutral, flexion, and extension views) was performed on August 21, 2013. The findings were as follows. Neutral position MRI: 1. Spondylitic changes as described above. 2. L4-L5: Moderate to severe bilateral neural foraminal narrowing with bilateral exiting nerve root compromise secondary to 5 mm posterior disc bulge and facet joint hypertrophy. 3. L5-S1: Moderate to severe bilateral neural foraminal narrowing secondary to 2-3 mm: posterior disc bulge and facet joint hypertrophy. Flexion position MRI: 1. Stable diffuse disc pathology in the lumbar spine. 2. No additional pathology revealed on this positional MRI. Extension position MRI: 1. Stable disc pathology of L4 through S1- No additional pathology revealed on this positional MRI.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EPIDURAL STEROID INJECTION LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

**Decision rationale:** Epidural steroid injection lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The patient's physical exam does not have a dermatomal specific distribution of pain with corroborative findings of radiculopathy. The documentation does not indicate any radicular findings on physical examination. The patient has no change in symptoms from a prior injury in 1988. Additionally the request does not indicate a level and laterality of the injection. The request for epidural steroid injection lumbar spine is not medically necessary.

#### **ACUPUNCTURE 2X4 WEEKS FOR THE LUMBAR SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture 2 x 4 to the lumbar spine is not medically necessary per the MTUS Acupuncture Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request exceeds the recommended number of visits. The documentation indicates that the patient has had acupuncture but there is no documentation of objective functional improvement to warrant

continued acupuncture. The request therefore for acupuncture 2 x 4 to the lumbar spine is not medically necessary.