

Case Number:	CM14-0010885		
Date Assigned:	02/21/2014	Date of Injury:	07/07/2007
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic neck pain syndrome, chronic low back pain, and psychological stress reportedly associated with an industrial injury of July 7, 2007. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; negative MRI imaging of the brain dated October 10, 2011; negative MR angiography of the brain dated October 10, 2011; MRI imaging of the lumbar spine dated March 22, 2012, notable for a broad-based disk herniation measuring 10 mm in size at L4-L5 generating associated neuroforaminal narrowing; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated, January 15, 2014, the claims administrator denied a request for acupuncture; continuation of cognitive behavioral therapy, continuation of a TENS unit, and an epidural steroid injection at L4-L5. 2007 MTUS Acupuncture Guidelines were cited in the denial, it is incidentally noted, which were erroneously labeled by the claims administrator as originating from the 2009 MTUS. The rationale for the denial was admittedly difficult to follow. The claims administrator stated that there were very limited records available and that there was no indication as to whether or not acupuncture has been tried in the past. The claims administrator further stated that the attending provider did not furnish compelling documentation to support the epidural injection. The patient's attorney subsequently appealed. An earlier handwritten clinical progress note was extremely difficult to follow, not clearly dated, and suggested that the patient should remain off of work until February 23, 2014. It was stated that the patient had received ultrasound treatment for the low back. An earlier note dated January 2, 2014 was notable for comments that the patient reported persistent, chronic low back pain, 6/10. It was stated that the patient's usage of medications and the TENS unit partially helped with the patient's pain. The patient reportedly exhibited a normal gait and 1+ lower extremity reflexes. The note, again, was handwritten and

very difficult to follow. Acupuncture treatment was sought, along with an epidural steroid injection. It was stated that the patient should also continue with cognitive behavioral therapy and TENS therapy while remaining off of work, on total temporary disability, for an additional month. In an earlier note of December 26, 2013, the patient was again asked to continue TENS unit to treat his chronic low back pain. The patient was again given medication refills and placed off of work, on total temporary disability. In a medical-legal evaluation dated February 12, 2013, the medical-legal evaluator commented on the poor documentation available from the patient's treating provider. It was stated that the patient had a possible lower extremity radiculopathy superimposed on diabetic neuropathy. It was stated that earlier trigger point injections were not beneficial. The patient was a long-term diabetic, it was stated. The patient had evidence of having disk bulges and disk herniation at L4-L5 and L5-S1. A May 7, 2013 orthopedic consultation is notable for comments that the patient reported persistent low back pain radiating to the legs. The patient was reportedly working as a caregiver for his daughter. The patient exhibited 5/5 lower extremity strength with intact lower extremity sensorium. It was stated that the patient could benefit from epidural steroid injections prior to consideration of any surgical procedures. The attending provider felt that the patient's low back pain and derivative left lower extremity radicular complaints were work related. The remainder of the file was surveyed. There was no mention of the patient having had any prior epidural steroid injection. There were no acupuncture progress notes on file. An October 11, 2013 medical-legal evaluation was notable for comment

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, QUANTITY 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the MTUS Acupuncture Medical Treatment Guidelines in section 9792.24.1.a.3, acupuncture may be employed for a variety of purposes, including the chronic pain context reportedly present here. In this case, survey of the file indicated that the patient has not had any prior acupuncture treatment over the life of the claim. The six-session initial course of acupuncture proposed here does conform to the three- to six-session course deemed necessary to produce functional improvement noted in MTUS 9792.24.1.c.1. A trial of acupuncture is indicated, for all of the stated reasons. Therefore, the request is medically necessary.

EPIDURAL STEROID INJECTION L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy which has proven initially unresponsive to conservative treatments in the form of exercise, physical methods, NSAIDs, muscle relaxants. In this case, the patient's chronic low back pain and left lower extremity radicular complaint have in fact proven recalcitrant to time, medications, observation, physical therapy, a TENS unit, etc. A trial epidural steroid injection is indicated. It is further noted there is some radiographic corroboration for the patient's radicular complaints, at both the L4-L5 and L5-S1 levels. The MTUS does support up to two diagnostic epidural steroid injections. In this case, the patient, as noted previously, does not appear to have had any prior epidural injections during the life of the claim, based on a survey of the file. Therefore, the request is medically necessary.

CONTINUE WITH CHRONIC BEHAVIORAL THERAPY (CBT) SIX VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, and patient's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the patient has had earlier unspecified amounts of cognitive behavioral therapy over the life of the claim. The patient has failed to respond favorably to the same. The patient is off of work, on total temporary disability, and remains highly reliant on various medications and other forms of medical treatment. Continued cognitive behavioral therapy is not indicated, given the patient's failure to respond to the earlier psychotherapy and cognitive therapy treatments. Therefore, the request is not medically necessary.

CONTINUE WITH TENS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS Topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, continuation of a TENS unit beyond an initial one-month trial is predicated on evidence of favorable outcomes in terms of both pain relief and function with said TENS unit trial. In this case, however, the patient has used the TENS unit in question for what appears to be two to three months. The patient has failed to demonstrate any evidence of lasting benefit or

functional improvement through prior usage of the same, however. The patient is off of work, on total temporary disability. The patient remains highly reliant on various medications and other forms of medical treatment, including the acupuncture being sought above. Therefore, the request for continuation of the TENS unit is not medically necessary.