

Case Number:	CM14-0011023		
Date Assigned:	02/21/2014	Date of Injury:	11/08/2012
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 45 year old male, date of injury 11/8/12. The patient developed persistent low back pain after a lifting episode. He has been treated with physical therapy times two sessions, chiropractic and acupuncture times 12 sessions. Lumbar MRI reveals L3-4, L4-5 lateral stenosis associated with disc herniation and spondylotic changes. The physical exam and subjectives are not consistent with a radiculopathy. There are no dermatomal signs or symptoms reported and lower extremity electrodiagnostics were negative. The acupuncture is reported to give some temporary pain relief; however there are no functional improvements and no diminished need for other treatments. It is noted that a thoracic spine Magnetic Resonance Imaging (MRI) revealed significant mass effects on the cord.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIS.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are very clear on the criteria to justify a spinal epidural i.e. there should be a definitive clinically

supported radiculopathic syndrome. Even though the Magnetic Resonance Imaging (MRI) shows anatomy that could be consistent with a radiculopathy, this is a clinical diagnosis and this diagnosis is not supported based on the negative signs, symptoms and electro diagnostics. A lumbar epidural does not appear medically necessary.

ACUPUNCTURE SESSIONS 3 TIMES PER WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) acupuncture treatment guideline recommends a trial of up to 6 sessions with continued sessions supported only if there are functional benefits. It appears that 12 sessions have been completed without any significant change in the patient's status. No functional improvements are documented and there is no documentation of diminished reliance on other treatments as a result of the acupuncture. The request for an additional 12 sessions of acupuncture is not medically necessary.