

<b>Case Number:</b>	CM14-0111399		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 06/14/2010. The injured worker underwent a discogram. Other treatment modalities included anti-inflammatory medications, analgesic medications, physical therapy, and a home exercise program. The documentation of 04/29/2014 revealed the injured worker had a pain level that remained constant and positional. The injured worker was noted to have an L4-5 microdiscectomy x 2. The injured worker had a spinal cord stimulator trial on 10/14/2013 and reported no improvement in pain. The physical examination revealed the injured worker had decreased range of motion in flexion and bilateral lateral bend. The diagnosis included chronic pain syndrome, postsurgical spine syndrome, lumbar region, chronic neuropathic limb pain, sciatica, and lumbago. The treatment plan included medications, physical therapy lumbar spine 2 to 3 times per week for 4 weeks, further acupuncture treatments as the injured worker had benefitted from prior acupuncture treatment, and an epidural steroid injection, which previously gave him greater than 75% relief. Additionally, the request was made for an implantation of a percutaneous peripheral neural stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for lumbar #18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physical medicine: Passive therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98, 99 Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for 9 to 10 visits and for radiculopathy for 8 to 10 visits. The clinical documentation submitted for review indicated the injured worker had prior physical therapy treatments. There as a lack of documentation of objective functional benefit that was received. There was a lack of documentation indicating a necessity for 18 sessions without re-evaluation. The injured worker should be well versed in a home exercise program, given he had two back surgeries and post-operative therapy. There was a lack of documentation of objective functional deficits to support the necessity. Given the above, the request for Physical therapy for lumbar #18 is not medically necessary.

**Acupuncture for lumbar: unspecified amount:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had prior acupuncture treatments and had received benefit. However, there was a lack of documentation indicating the injured worker had a clinically significant improvement in activities of daily living or a reduction in work restrictions. There was a lack of documentation indicating the injured worker had pain medication reduced or that the pain medication was not tolerated. The request as submitted failed to indicate the frequency and quantity for the requested treatment. Given the above, the request for Acupuncture for lumbar (unspecified amount) is not medically necessary.

**Left L4-5 and L5-S1 transforaminal epidural steroid injection with MAC:** 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 Injection, page 46 Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of an objective decrease in pain medications for 6 to 8 weeks, and objective decrease in pain by 50%, and documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had

a 75% improvement in pain with the injection. However, there was a lack of documentation of an objective decrease in pain medications and an objective functional improvement. Given the above, the request for Left L4-5 and L5-S1 Transforaminal Epidural Steroid Injection with MAC is not medically necessary.