

Case Number:	CM14-0123569		
Date Assigned:	08/08/2014	Date of Injury:	10/16/2012
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 58 year old female with an injury date of 10/16/12. Based on 07/03/14 progress report submitted by Gary Baker, M.D., the patient complains of low back pain that radiates to bilateral lower extremities. Lower extremity pain is bilateral in hips and knees, and in right foot.- Lumbar Examination 07/03/14: Tenderness to palpation and spasm is noted at L4-S1 levels. Range of motion is limited showing flexion at 50 degrees and extension at 15 degrees due to pain. Motor exam shows decreased strength of extensor muscles along L4-S1 dermatome in bilateral lower extremities. Straight leg raise in seated position was positive bilaterally at 50 degrees.- MRI of Lumbar Spine 08/01/13L4-5: mild disc desiccation with 2-3mm annular bulge with mild stenosisDiagnoses:- chronic pain other- lumbar radiculopathy- lumbar spinal stenosis- left patellar fracture (02/28/14) from fall secondary to leg weakness- status post left and right L4-5 Transforaminal cannulation lumbar epidural space, per operative report dated 02/04/14Patient has shown at least 50% pain relief from prior epidural steroid injection dated 02/04/14, for a duration of at least 2 months along with Acupuncture therapy, per treater report dated 07/03/14. Pain worsened by left patellar fracture and alteration of gait is due to this fracture, which was sustained after a fall on 02/28/14. Patient's medications include Ambien, Ketoprofen, Restone, Tizanidine HCl and Tramadol. Pain is rated 7/10 with medications and 9/10 without, per 07/03/14 treater's report.Dr. [REDACTED] is requesting 1. Bilateral L4-5 Transforaminal epidural steroid injection 2. Acupuncture time four (4) sessions. The utilization review determination being challenged is 07/30/14. The rationale for the denial of repeat Lumbar ESI is that patient was status post Lumbar ESI on 02/04/14; however reported pain rated at 8-10/10, based on progress report dated 03/10/14. Second request was denied because medical records do not document

functional improvement of acupuncture. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/14 - 07/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal epidural steroid injection: Overturned

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): 46, 47.

Decision rationale: The patient presents with low back pain that radiates to bilateral lower extremities. The request is for Bilateral L4-5 Transforaminal epidural steroid injection. Patient is status post lumbar ESI 02/04/14. MTUS states the following "criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants). 3) No more than one interlaminar level should be injected at one session. 4) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)." Per progress report dated 07/03/14, Radiculopathy has been documented and corroborated with MRI studies. Patient was unresponsive to conservative treatments. The requested procedure is for one interlaminar level. In the therapeutic phase, patient showed at least 50% pain relief from prior epidural steroid injection dated 02/04/14, for duration of at least 2 months. Decision by utilization review to deny request was based on indication that pain had worsened and there was an alteration of gait. It was not taken into account that said symptomology was due to fall and subsequent fracture on 02/28/14, which was after 02/04/14 lumbar ESI (Epidural Steroid Injection). The request meets MTUS guidelines, including criteria for repeat blocks in the therapeutic phase. Therefore, the request of Bilateral L4-L5 transforaminal epidural steroid injection is medically necessary and appropriate.

Four (4) Acupuncture sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: The patient presents with low back pain that radiates to bilateral lower extremities. The request is for Acupuncture time four (4) sessions. Patient has shown at least

50% pain relief from prior epidural steroid injection dated 02/04/14, for a duration of at least 2 months along with Acupuncture therapy, per treater progress report dated 07/03/14. MTUS Guidelines state that acupuncture is indicated for low back complaints. "Frequency and duration of acupuncture may be performed as follows: (i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week." The number of sessions the patient had is not mentioned in review of reports. However, the request for 4 sessions is reasonable and less than what is allowed by MTUS. Therefore, the request of four (4) Acupuncture sessions is medically necessary and appropriate.