

Case Number:	CM14-0135155		
Date Assigned:	08/27/2014	Date of Injury:	11/15/2001
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Surgery 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 injured worker is a 62 year old female who was injured on 11/15/01. The mechanism of injury was stated as cumulative trauma while working for the [REDACTED]. There are two clinical notes submitted for review. Initial Comprehensive Pain Management Report dated 06/17/14 states the claimant's primary complaint involves low back pain which radiates into the left lower extremity. It is noted the injured worker underwent a fusion at L4-5 and L5-S1 in 2004. It is noted this surgery helped initially but that the pain did return. Numbness in the left lower extremity is reported. This note indicates the injured worker has recently been recommended for surgical fusion "for the rest of her lumbar spine" but that this has not been approved. Treatment has included medication management with Tramadol and Naprosyn, TENS, chiropractic care, physical therapy, aqua therapy, home exercise program, hypnosis and acupuncture to the low back with acupuncture being the most effective. The injured worker has not had ESIs or facet injections. The social history of this injured worker reveals she has a Medical Marijuana Card and had not had a problem with abusing drugs or alcohol. Physical examination on this date reveals left cervical paraspinal tenderness, full anterior flexion of the cervical spine and pain with extension of the cervical spine at 60. Inspection of the lumbar spine is significant for positive straight leg rise on the left, tenderness to palpation of the left paraspinal muscles and left lumbar facets at L3-S1, decreased range of motion (ROM) and decreased sensation in the left L4 and L5 distributions. Motor strength is grossly normal and DTRs are intact. The treatment plan included in this note reveals an intended request for authorization for acupuncture and for caudal epidural steroid injections, continued Tramadol and Naproxen and a urine drug screen which was performed at this visit in accordance with the entity's policy of monitoring all individuals who received controlled substances. On 06/18/14 the injured worker complains of a flare-up of left shoulder pain and ongoing right knee pain. It is noted the injured

worker has "a tear inside her shoulder." The injured worker I looking to avoid surgery and would like to try acupuncture for the shoulder area. Physical examination on this date reveals "some" crepitation of the right knee and a slight limp. Trapezial spasm and tenderness of the left shoulder with positive impingement and painful ROM is also noted. No sign of frozen shoulder is observed. This note includes a request for 12 sessions of acupuncture for the left shoulder

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Injection L4-5 under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Lumbar Caudal Epidural Injection L4-5 under fluoroscopy and anesthesia is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines state criteria for the use of ESIs include evidence of an active radiculopathy which must be documented upon physical examination findings and corroborated by imaging and/or electrodiagnostic studies. The records submitted for review did not reference nor include imaging and/or electrodiagnostic studies. As such, evidence of an active radiculopathy about L4-5 cannot be corroborated. Based on the medical information provided, medical necessity of a lumbar caudal epidural injection at L4-5 under fluoroscopy and anesthesia is not established.

Caudal Epidural Injection L5-S1 under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Caudal Epidural Injection L5-S1 under fluoroscopy and anesthesia is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines state criteria for the use of ESIs include evidence of an active radiculopathy which must be documented upon physical examination findings and corroborated by imaging and/or electrodiagnostic studies. The records submitted for review did not reference nor include imaging and/or electrodiagnostic studies. As such, evidence of an active radiculopathy about L4-5 cannot be corroborated. Based on the clinical information provided, medical necessity of Caudal Epidural Injection L5-S1 under fluoroscopy and anesthesia is not established.

Facility-outpatient: [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise;" however, the records submitted for review did not include a rationale behind the request for a referral to a surgery center. Records do not indicate a surgical procedure has been planned or approved. Should this request be intended to accompany the request for epidural steroid injections specifically, said injections have not been established as medically necessary. As such, a surgery center is not required. Based on the clinical information provided, medical necessity of Facility-outpatient: [REDACTED] is not established.

Acupuncture Quantity: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines state acupuncture "is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Records indicate the acupuncture is being requested for the left shoulder. Records do not indicate surgical intervention for the left shoulder is planned at this time. Records note the injured worker is taking medications for other complaints. Records do not indicate the injured worker's medications have been reduced or that these medications are not tolerated. Previous Utilization Review determination dated 07/07/14 modified this request and approved 6 sessions as 12 sessions exceeded guideline recommendations. Guidelines recommend no more than 6 session of acupuncture initially and state, "Acupuncture treatments may be extended if functional improvement is documented." Based on the clinical information provided and the applicable guidelines, medical necessity of 12 sessions of acupuncture is not established.

Retrospective request for urine drug testing (DOS 6/17/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Criteria for the use of Opioids, Page(s): 43, 76-78.

Decision rationale: The retrospective request for urine drug testing (DOS 6/17/14) is recommended as medically necessary. Current evidence based guidelines support the use of routine random drug screening of individuals who are prescribed opioids. Records indicate this injured worker is taking Tramadol and that the urine drug screen performed on 06/17/14 is "in accordance with [the entity's] policy of monitoring all individuals who received controlled substances to ensure compliance, maintain safety and avoid diversion." Based on the clinical information provided and the applicable guidelines, medical necessity of the retrospective request for urine drug testing (DOS 6/17/14) is established.