

Case Number:	CM14-0136231		
Date Assigned:	09/03/2014	Date of Injury:	01/10/2013
Decision Date:	10/27/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 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:

According to the records made available for review, this is a 39-year-old female with a 1/20/13 date of injury. At the time (7/30/14) of request for authorization for Acupuncture 6 more sessions for the cervical/lumbar spine and Left lumbar medial branch facet blocks at L3-L4, L4-L5 and L5-S1, there is documentation of subjective (ongoing neck pain with radicular symptoms and low back pain that occasionally radiates down both legs) and objective (tenderness to palpitation over the paraspinal cervical spine and trapezius, decreased range of motion of the cervical spine, tenderness to palpitation over the paraspinal lumbar spine, and decreased range of motion of the lumbar spine) findings, current diagnoses (cervical disc herniation at C5-6 with foraminal stenosis, small disc herniation at L4-L5 and L5-S1, and thoracic sprain), and treatment to date (9 Acupuncture treatments, Lidoderm patch, and medications). Regarding Acupuncture, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Acupuncture treatment to date. Regarding the lumbar medial branch block, there is no documentation of pain that is non-radicular and at no more than two levels bilaterally, failure of additional conservative treatment (home exercise and physical therapy) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 more sessions for the cervical/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc herniation at C5-6 with foraminal stenosis, small disc herniation at L4-L5 and L5-S1, and thoracic sprain. In addition, there is documentation of 9 previous acupuncture treatments. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Acupuncture treatment provided to date. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 6 more sessions for the cervical/lumbar spine is not medically necessary.

Left lumbar medial brach facet blocks at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of cervical disc herniation at C5-6 with foraminal stenosis, small disc herniation at L4-L5 and L5-S1, and thoracic sprain. In addition, there is documentation of low-back pain and failure of conservative treatment (medications). However, given documentation of a subjective (low back pain radiating

to the lower extremities) findings, there is no (clear) documentation of pain that is non-radicular. In addition, given documentation of a request for Left lumbar medial branch facet blocks at L3-L4, L4-L5 and L5-S1, there is no documentation of pain that is at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Furthermore, there is no documentation of failure of additional conservative treatment (home exercise and physical therapy) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence the request for Left lumbar medial branch facet blocks at L3-L4, L4-L5 and L5-S1 is not medically necessary.