

Case Number:	CM14-0158920		
Date Assigned:	10/02/2014	Date of Injury:	10/17/2013
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 48-year-old female who sustained an injury on 10/17/13. She complained of continued pain in the low back and legs. The injured worker had mild pain across the paracervical region in the neck and pain at extremes, which was non-radicular. The worker has a history of depression and anxiety with insomnia. She had difficulties with activities of daily living. Exam of the lumbar spine revealed moderate to severe pain across the lower back and restricted range of motion of the lumbar spine. She had slight extensor hallucis longus weakness graded at 4/5 and decreased sensation at L5-S1 distribution. Straight leg raise was positive bilaterally. Right straight leg raise was positive to 80 degrees. Left straight leg raise was positive at 40 degrees. Magnetic resonance imaging scan of the cervical spine dated 01/15/14 revealed disk herniations at C3-4 and C4-5 with discs measuring 2.2 mm in all positions. Magnetic resonance imaging scan of the lumbar spine dated 12/17/13 revealed a grade 1 retrolisthesis at L5-S1 in association with a 3 mm central disc protrusion. Current medications included Laxacin, Omeprazole, Naproxen, and Hydrocodone. She had lumbar epidural steroid injections on 06/05/14, which helped. She had failed conservative treatment measures of oral medications, activity modification, physical therapy and prolonged rest. Report of 01/09/14 indicated that she received 6 physical therapy sessions without benefit. Her diagnoses include lumbar radiculopathy, lumbar strain, and cervical strain. The request for acupuncture x 12 to lumbar spine and lumbar epidural injection series was denied on 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 to Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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. If implemented, the guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. The medical records do not establish the worker is a candidate for Acupuncture per guidelines (there is no documentation of attempt in reducing pain medications). There is no documentation of any physical rehabilitation that acupuncture would be used as an adjunct to. There is no evidence of plan or approval for any surgical intervention. The requested number of treatments would exceed the guidelines. Therefore, the medical necessity of the request of Acupuncture is not established.

Lumbar Epidural Injection Series: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants). In this case, there is evidence of radiculopathy on exam, corroborating with imaging findings. However, there is little documentation of adequate trial of conservative management such as physiotherapy; that is the injured worker has received 6 physical therapy visits and no progress report is available for review. Furthermore, the medical records do not demonstrate significant improvement in pain level (i.e. visual analog scale) or function for extended period of time with prior epidural steroid injections. Therefore, the medical necessity of repeat epidural steroid injections is not established per guidelines and due to lack of documentation is not medically necessary.