

Case Number:	CM14-0179851		
Date Assigned:	11/04/2014	Date of Injury:	12/21/2011
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/29/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 21, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and reported return to work. In a Utilization Review Report dated October 2, 2014, the claims administrator denied medial branch blocks, citing the applicant's psychological overlay. Eight sessions of acupuncture were also denied. The claims administrator stated that the applicant had failed to demonstrate improvement with earlier acupuncture treatment. A pain psychology consultation was approved. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines in this approval and mislabeled the same as originating from the MTUS. The claims administrator stated that its decision was based on progress notes of May 19, 2014 and September 10, 2014. In a May 19, 2014 appeal letter, the attending provider stated that he was appealing previously denied medial branch blocks. The attending provider stated that the applicant had 7-8/10 low back pain, at times severe. The attending provider stated that he believed the applicant had some facetogenic element or component to her complaints. In an applicant questionnaire dated July 16, 2014, the applicant reported predominant complaints of burning back pain, at times severe, 10/10. The applicant did report subjective leg weakness. The applicant stated that she was working, despite her pain complaints, psychological stress, and depression. The applicant acknowledged that she was using topical compounds. In a September 9, 2014 questionnaire, the applicant again reported ongoing complaints of low back pain. The applicant reiterated that she was working five hours a day, despite her ongoing pain complaints. The applicant acknowledged that she remained depressed. In a September 10, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was tearful. The applicant had had 24 sessions of chiropractic manipulative

therapy and acupuncture, it was acknowledged. The applicant was still using Norco, Flexeril, Elavil, and LidoPro for pain relief. 10/10 pain complaints were noted. The applicant had a BMI of 27. The applicant exhibited entire lower extremity strength with a normal gait, normal heel and toe ambulation, and facetogenic/paraspinal tenderness appreciated on exam. The attending provider alluded to electrodiagnostic testing of January 21, 2014 which was negative for any lower extremity radiculopathy. Lumbar MRI imaging of October 24, 2014 was likewise notable only for low-grade degenerative disease and facet arthropathy. A pain psychology consultation, Norco, Elavil, and Flexeril were endorsed, along with the medial branch blocks at issue. An additional eight sessions of acupuncture were also sought. The attending provider, in his report, did invoke the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block to the bilateral L4-L5-,L%-Ls as a diagnostic step toward therapeutic rhizotomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, facet neurotomy/rhizotomy procedures should be undertaken only after appropriate investigations involving diagnostic medial branch blocks, as are being proposed here. The attending provider has posited that the applicant has facetogenic low back pain. The attending provider has noted that the applicant has tried an exhausted numerous other conservative treatment, including time, medications, physical therapy, acupuncture, manipulative therapy, etc. Moving forward with a trial of diagnostic medial branch block is therefore indicated, as a potential precursor toward pursuit of a therapeutic rhizotomy procedure. Accordingly, the request is medically necessary.

Additional acupuncture therapy (2x4) for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: The attending provider indicated in his September 10, 2014 progress note that the applicant had had 24 sessions of acupuncture to date. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case,

however, there is no evidence of ongoing functional improvement as defined in section 9792.20f. While the applicant has returned to work, the applicant is only doing so at a part-time rate of five hours a day. The applicant remains dependent on Norco, Lidoderm, Elavil, and a variety of other analgesic and adjuvant medications. The applicant's pain complaints are seemingly worsened from visit to visit as opposed to reduce from visit to visit, despite the extensive prior acupuncture. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite extensive prior acupuncture over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.