

Case Number:	CM14-0029532		
Date Assigned:	04/09/2014	Date of Injury:	08/04/2008
Decision Date:	07/17/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology has a subspecialty in Pain Management 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 39-year-old male who has submitted a claim for cervical strain/sprain with cervical discopathy, left wrist chronic sprain and tendinitis, L3-L4 lateral disc protrusion, L5-S1 central disc herniation, left knee lateral meniscal tear, left knee ACL tear status post reconstruction with meniscectomy, left upper extremity radiculopathy, head injury with concussion, visual problems, tinnitus, bilateral ears, posterior vitreous detachment, bilateral eyes, testicular pain, right knee posterior horn medial meniscal tear, right upper extremity ulnar neuropathy, and cochlear concussion associated with an industrial injury date of August 4, 2008. Medical records from 2013 were reviewed. The patient complained of cervical spine and lumbar spine pain. Subjective information about the pain was lacking. Physical examination showed tenderness and tightness at the paraspinous muscle. Range of motion was limited for the cervical spine. There was positive Spurling test, and numbness down both upper extremity regions. For the lumbar spine, there was diffuse paraspinous muscle tightness and tenderness. Range of motion was also limited and decreased. Straight leg raise test was positive. MRI of the cervical spine, dated September 8, 2008, revealed mild to moderate degenerative changes from C3-C4 through the C6-C7 level with varying degrees of neuroforaminal narrowing at several levels including mild to moderate degree of left neuroforaminal narrowing at C4-C5. MRI of the lumbar spine, dated September 3, 2008, showed left foraminal L3-L4 protruded disc 2cmx6mm, and 4mm forward listhesis of S1 under L5 and a central annular bulge effacing the ventral thecal sac and resulting in canal stenosis with reduction in canal size to 6.5mm. Treatment to date has included medications, physical therapy, psychotherapy, activity modification, acupuncture, left knee surgery, left foot surgery, and lumbar epidural steroid injections. Utilization review, dated January 3, 2014, denied the request for acupuncture x 12 visits for cervical and lumbar spine because the number of previous sessions were not known, and there was no discussion as to the

efficacy of the previous acupuncture sessions or if there has been any functional improvement. The request for ESI for the low back x 2 was denied because it did not indicate which level the ESI was being requested for and there was no documentation of pain relief and functional improvement from the previous ESI done by the patient. The request for Quick Draw Rap (back brace) was denied as well because the patient is out of the acute phase of injury and guidelines only support back braces for compression fractures and spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE ACUPUNCTURE SESSIONS FOR THE CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, patient had a total of 9 acupuncture sessions for the spine. There was documentation regarding the said sessions and noted evidence of objective functional improvement from the treatments. However, there was no documentation regarding intolerance to pain medications, and an adjunct physical rehabilitation or surgical intervention to go with the acupuncture treatment. There is also no clear rationale for additional acupuncture sessions at this time. Therefore, the request for ACUPUNCTURE TIMES 12 SESSIONS FOR THE CERVICAL AND LUMBAR SPINE is not medically necessary.

TWO ESI (EPIDURAL STEROID INJECTIONS) FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections 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. In this case, the patient has received lumbar epidural

steroid injections in the past. The latest lumbar epidural steroid injection was done last August 5, 2013. There was no documentation regarding objective evidence of functional improvement regarding the recent epidural steroid injection. There was also failure to exhibit any evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. In addition, repeat epidural steroid injections are dependent on the results of the first injection, hence two additional epidural steroid injections are not recommended. Moreover, the laterality and spinal cord level for injection was not specified. Therefore, the request ESI (EPIDURAL STEROID INJECTION) FOR THE LOW BACK TIMES 2 is not medically necessary.

QUICK DRAW RAP (BACK BRACE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (OFFICIAL DISABILITY GUIDELINES), LOW BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

Decision rationale: Page 301 of the CA MTUS ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG only recommends back brace as an option for compression fractures. There is no scientific information on the benefit of bracing for clinical outcomes following instrumented lumbar fusion. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures) in which some external immobilization might be desirable. In this case, patient has been complaining of back pain since his industrial injury date of August 4, 2008. This is beyond the acute phase of symptom relief. Furthermore, the submitted medical records did not indicate any surgical procedure on the lumbar spine that is included on the special circumstances requiring external immobilization as stated above. Therefore, the request for QUICK DRAW RAP (BACK BRACE) is not medically necessary.