

Case Number:	CM14-0036616		
Date Assigned:	06/25/2014	Date of Injury:	08/10/1998
Decision Date:	10/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/26/2014

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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, the injured worker is a 51 year old male with a date of injury of 10 August, 1998. The mechanism of injury is a motor vehicle accident that occurred while at his work as a bus driver. His bus hit a large pot hole and the ensuing jarring motion caused a sudden onset of back pain. According to the records, there is documentation in a clinical note dated 03 December, 2013 that the injured worker has low back pain that radiates into his legs bilaterally. The pain is 10/10 in intensity and is achy, shooting and cutting in quality. He has had some relief documented in the past with chiropractic manipulation. It is not stated in the notes when this treatment was given. He has had some relief documented with physical therapy in 2007. On exam in this clinical note dated 03 December, 2013, his gait is antalgic. He has pain to palpate over the cervical paraspinal muscles. Straight leg testing was negative. His motor and reflex exams were normal and symmetric. On sensory testing, there is decreased sensation to light touch limited to the medial and lateral side of the left foot. He is diagnosed with a Lumbosacral radiculopathy in his clinical note dated 03 December, 2013. There is a clinical note documented on 25 February, 2014 with similar pain symptoms documented but with no interval change in his physical exam. There is no documentation in the record of other prior treatments and their effectiveness since his date of injury. There is no documented electrodiagnostic study documented in the medical record as well. There is an MRI L spine dated 20 December, 2013. This showed a disk osteophyte complex at the L1-L2 level which causes mild to moderate central canal stenosis and severe left neuroforaminal stenosis with compression of the left L1 nerve root. At the L2-L3 level, there is a disk osteophyte complex causing moderate central canal narrowing as well as moderate bilateral neural foraminal narrowing. At the L4-5 level, there is severe bilateral neural foraminal narrowing which impinges on bilateral L4 nerve roots. At the L5-S1 level, there is facet hypertrophy noted but the neural foramen are

patent. There is an MRI of the Thoracic spine dated 02 January, 2014 which showed a right paracentral disk at the T7-T8 level that contacts the anterior thoracic cord with severe central canal narrowing but with no evidence of increased cord signal noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions middle and low back: 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: MTUS guidelines defines Acupuncture as an option for treatment when pain medication is either not treated or is reduced. It may be used as an adjunct to physical rehabilitation and to surgical intervention in order to hasten recovery. The frequency and duration of acupuncture specified in the recommendations is a total of 3-6 treatments to improve functional improvement with a frequency of 1 to 3 times per week and with an optimal duration of 1 to 2 months. The acupuncture treatments may be extended if clinical functional improvement is documented. In the case of the injured worker, there is no specific treatment plan documented over a 15 year course of time which shows specifically how this treatment may be used as an adjunct to help this injured workers pain. The decision for 12 acupuncture treatments is greater than the number recommended in the guidelines. The injured worker should rather be in consideration for treatment with 3-6 acupuncture treatments with follow up documentation of clinical improvement prior to a consideration of further treatments. Therefore, according to the guidelines and the review of the medical evidence, treatment with 12 acupuncture treatments to the middle and low back are not medically necessary.

Lumbar epidural injection L5-S1: 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 injection (ESI) section Page(s): 46.

Decision rationale: MTUS guidelines recommends epidural steroid injections (ESI) as an option for the treatment of radicular pain. The guidelines recommends that the ESIs be used in conjunction other rehabilitation efforts including a home exercise program. The guidelines states that the radiculopathy must be documented by a physical examination and corroborated by specific imaging studies and/or electrodiagnostic testing. In the case of the injured worker, there is no documentation in the records provided to reflect a specific clinical plan as to how these treatments may be used in conjunction with other rehabilitation efforts. There is evidence in the records of a left L1 nerve root compression on MRI imaging (dated 20 December, 2013) but there is no corroboration on physical examination to reflect clinical changes suggestive of a left L1

radiculopathy and the request is for ESI treatment at the L5-S1 level. There is numbness in the left medial and lateral foot on clinical testing but this specific clinical finding is not one suggestive of a left L1 radiculopathy. Therefore, according to the guidelines and the review of the medical evidence, a Lumbar Epidural steroid injection (L5-S1) level is not medically necessary.