MAXIMUS Federal Services

Case Number:	CM14-0052930		
Date Assigned:	07/07/2014	Date of Injury:	12/28/2005
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 has filed a claim for chronic mid back pain reportedly associated with an industrial injury of December 20, 2005. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar and cervical fusion surgeries; a total hip arthroplasty surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated April 4, 2014, the claims administrator approved a request for Percocet, approved a request for tizanidine, approved request for Imitrex, thoracic epidural steroid injection, and denied a request for additional acupuncture. The claims administrator stated that the applicant had failed to clearly profit from earlier acupuncture. The thoracic epidural steroid injection was denied, stating that the applicant did not have clear evidence of radiculopathy, citing non-MTUS AMA Guides to the evaluation of permanent impairment, Fifth Edition. A thoracic magnetic resonance imaging (MRI) dated September 17, 2011 was notable for multilevel degenerative changes with no clear evidence of cord compression. In a February 24, 2014 acupuncture note, it was suggested that the applicant should remain off of work, per the primary treating provider's recommendation. The applicant apparently received several sessions of acupuncture and massage therapy in both February and March 2014. On March 24, 2014, the applicant underwent a total hip arthroplasty procedure. On March 20, 2014, the applicant continued to report persistent complaints of upper thoracic pain with numbness and tingling affecting the left lower extremity. The attending provider noted that the applicant had undergone posterior fusion at the T10 through L4 levels and cervical fusion at the C4 through C7 levels. The attending provider stated that he was appealing the previously denied thoracic epidural steroid injection. The applicant was using Percocet and tizanidine for pain relief. The applicant also had comorbid diabetes, it was acknowledged. The applicant was asked to continue Percocet, tizanidine, and Imitrex. The

thoracic epidural steroid injection at T8-T9 was appealed. Additional acupuncture was also sought. The applicant did not appear to be working. The attending provider stated that he would like to clarify whether the applicant did or did not have thoracic radiculopathy. The attending provider believed that this was the source of the applicant's pain complaints, as he believed all of the other problematic levels had been fused.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic (T) 8 - T 9 Epidural Steroid Injection (ESI) under Fluoroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation American Medical Association (AMA) guidelines to the Evaluation of Permanent Impairment, Fifth Ed., Page 382, Radiculopathy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The proposed T8-T9 thoracic epidural steroid injection is medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Medical Treatment Guidelines, up to two diagnostic epidural injections can be endorsed. In this case, the request does represent a first-time request for thoracic epidural steroid injection therapy at the level in question. The attending provider has furthermore, stated this is, in a fact, a diagnostic block, as he is searching for the source of the applicant's current lower extremity radicular symptoms. The attending provider has posited that the applicant has already undergone fusion of multiple problematic lumbar levels as well as multiple problematic cervical levels, leaving the thoracic spine T8-T9 level as the most likely pain generator. A first-time diagnostic block at the level in question is therefore indicated. Accordingly, the request is medically necessary.

Acupuncture for the cervical spine, thoracic spine and the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture is not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for additional acupuncture. The applicant had already had extensive amounts of acupuncture in 2014 alone. As noted 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 has been no such demonstration of functional improvement as defined in section 9792.20f. The applicant has failed to return to work. The applicant continues to remain highly reliant and highly dependent

on various forms of medical treatment, including injection therapy, surgery, medications, muscle relaxants, etc. All of the above taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.