

Case Number:	CM14-0056066		
Date Assigned:	07/09/2014	Date of Injury:	11/15/2005
Decision Date:	09/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/24/2014

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:

This is a 51 year old female with a date of injury of 11/15/2005. The exact mechanism of the original injury was not clearly described. The recent progress report from 3/12/14 notes subjective complaints of continued pain in the lumbar spine with some numbness about the left leg, and some weakness about the left leg. Objective findings include positive straight leg raise and decreased range of motion of the lumbar spine. The medications she was noted to be on include Naproxen, Omeprazole, Neurontin, and Flexeril. It was noted that the prior ESI had resulted in >70% pain relief. The patient has had prior ESI at L4, L5, and S1 in 12/13, 6/13 and in 10/10. In a report dated 10/9/13 noted to have a normal neurological exam. There was noted to be some mild tenderness in the lumbar paraspinal musculature. A urine drug screen done 12/3/13 was negative. Another urine drug screen done 3/12/14 was negative. Electromyography (EMG) & Nerve Conduction Velocity (NCV) performed 3/12/14 was abnormal. It demonstrated left L5/S1 radiculopathy. In 2/12/14 patient was approved for 8 acupuncture sessions. There are no records available for review that document the amount she has already received or any functional improvement. Diagnostic Impression: myofascial pain syndrome, chronic low back pain, lumbar radiculopathy. Treatment to Date: Medication management, acupuncture, chiropractic therapy, prior ESIA UR decision dated 3/21/14 denied the request for additional acupuncture 2x4 for low back. It modified the request to 3 additional sessions of acupuncture. The claimant has had prior unspecified amounts of acupuncture. In this case there is some incomplete evidence of functional improvement. She has returned to part-time work in an alternate role as a hairstylist. Given the chronicity of the claimant's symptoms, a course at the lower end of the MTUS-endorsed spectrum is indicated. It also denied a request for lumbar epidural steroid injection at L4-L5 and L5-S1. MTUS guidelines endorse a lifetime maximum of two ESI. The claimant, however, has had at least three prior ESI. It also denied a request for

urine drug screen. Official Disability Guidelines (ODG) states that a provider should furnish a claimant's medication list, clearly state which drug tests and/or panels he is testing for. These criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture twice a week for four weeks for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, the patient was approved for 8 sessions of acupuncture in 2/14. In review of the provided records, It is unclear how many of those sessions she has completed. Furthermore, there is no clear documentation provided regarding functional improvement from this therapy. Therefore, the request for Additional Acupuncture twice a week for four weeks for the low back was not medically necessary.

Lumbar Epidural Steroid Injection at L4-L5 and L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, the provided documentation does confirm a lumbosacral radiculopathy both clinically as well as corroborating EMG/NCV evidence of radiculopathy. Additionally, the prior ESI which was over 3 months ago resulted in >70% pain relief. Therefore, the request for Lumbar Epidural Steroid Injection at L4-L5 and L5-S1 was medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intermittent urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there is no documentation of provider suspicion for abuse or concern for illegal drugs. Furthermore, there is no documentation that patient is on opioids or there is a plan for her to start opioid therapy. There have already been urine drug screens on 12/3/13 and 3/12/14 which were negative. It is unclear why the patient would require an additional urine drug screen at this time. Therefore, the request for urine drug screen was not medically necessary.