

Case Number:	CM14-0070441		
Date Assigned:	07/14/2014	Date of Injury:	07/21/2011
Decision Date:	09/30/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 male patient with the date of injury of July 21, 2011. A Utilization Review was performed on April 30, 2014 recommended non-certification of left L4-5, L5-S1 transforaminal ESI with fluoroscopic guidance under MAC anesthesia and acupuncture 2 x 6 for the low back. A Follow-up Report dated April 14, 2014 identifies Subjective findings of chronic low back pain that radiates to the left buttock. The patient has had prior sacroiliac injection as well as chiro, PT, meds, activity modification, and acupuncture. Exam identifies positive facet findings and SI joint tenderness. Diagnoses identify myalgia and myositis, unspecified. Recommendations identify ESI and additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 transforaminal ESI with fluoroscopic guidance under MAC anesthesia:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation ASIPP Guidelines.

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

Decision rationale: Regarding the request for left L4-5, L5-S1 transforaminal ESI with fluoroscopic guidance under MAC anesthesia, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested left L4-5, L5-S1 transforaminal ESI with fluoroscopic guidance under MAC anesthesia is not medically necessary.

Acupuncture 2 x 6 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule.

Decision rationale: Regarding the request for acupuncture 2 x 6 for the low back, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) or functional improvement with the previous acupuncture trial. In the absence of such documentation, the currently requested acupuncture 2 x 6 for the low back is not medically necessary.