

Case Number:	CM14-0070572		
Date Assigned:	07/14/2014	Date of Injury:	04/23/2013
Decision Date:	09/12/2014	UR Denial Date:	04/25/2014
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 and Rehabilitation 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 injured worker is a 46-year male who sustained injuries on April 23, 2013. The injured worker was seen on February 10, 2014 by a therapist and noted that after acupuncture treatment, the injured worker's pain decreased from 10/10 to 8/10 and his range of motion improved; however, his symptoms easily increased after some activities. Follow-up on April 10, 2014, the acupuncturist noted improving overall condition of the injured worker and that 30 percent of the set goals were met. The injured worker was reevaluated by the treating physician on April 14, 2014 with complaint of constant neck pain that increases with movement as well as reduced range of motion. He also complained of persistent low back pain with associated numbness and tingling as well as intermittent weakness in his legs. Physical examination of the lumbar spine revealed tenderness over the L5-S1 level, limited flexion, extension, and right and left lateral flexion, as well as diminished sensation along the S1 dermatome. Magnetic resonance imaging scan of the lumbar spine done on June 10, 2013 revealed mild central canal stenosis and mild foraminal stenosis at L3-L4 and L4-L5 levels as well as mild central canal stenosis with mild to moderate bilateral foraminal stenosis at L5-S1 level. Electromyogram study dated February 17, 2014 demonstrated chronic and ongoing denervation of the right-sided L5 lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: Clinical information was insufficient as the level at which the epidural steroid injection is to be done was not indicated. Moreover, the injured worker had already received bilateral L5-S1 transforaminal epidural steroid injection on August 30, 2013; however, he did not gain any significant benefits from such procedure. According to the California Chronic Pain Medical Treatment Guidelines, repeat blocks 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. Therefore, it can be concluded that the requested lumbar epidural steroid injection is not medically necessary at this time.

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines stipulates that non-steroidal anti-inflammatory medication is recommended only as an option for short-term symptomatic relief. The injured worker has been taking Relafen on a long term basis; however, his response with its continued use including any side effects, reduction in the intensity of his pain level, and functional benefits gained were not explicitly documented. Therefore, because of failure to weigh the indications for using non-steroidal anti-inflammatory drugs against potential complications, it can be concluded that the requested Relafen 500 mg #60 is not medically necessary at this time.

[Additional] Acupuncture x 8: 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 Official Disability Guidelines, Pain, Acupuncture.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines specifies that acupuncture treatments may be extended if functional improvement, which means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, is documented. Furthermore, the Official Disability Guidelines notes that repeating the procedure beyond initial short course of therapy requires evidence of reduced pain, medication use and objective functional improvement. The injured worker had minimal improvement in

terms of pain relief with the previously completed acupuncture visits. Moreover, he did not demonstrate any lasting objective and functional progression to necessitate further treatment. Therefore, it can be concluded that the requested additional eight sessions of acupuncture treatment with frequency of twice a week for four weeks is not medically necessary at this time.