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| Case Number: | CM14-0176114 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 06/11/2012 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Management 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:

A 51y/o male injured has a date of injury 6/11/12 with related low back, neck, and left shoulder pain. Per progress report dated 9/9/14, the injured worker stated that pain was worst in the neck, rated at severe, and described as constant, sharp, cutting, pressure and shooting pain with numbness and tingling that radiated into the bilateral upper extremities right greater than left. Per physical exam, there was tenderness with palpation in the cervical and lumbar regions with decreased range of motion and myofascial pain in the piriformis. There were sensory changes in the right upper extremity and left lower extremity along specific dermatomes. Treatment to date has included physical therapy, chiropractic manipulation, epidural steroid injections, and medication management. The date of UR decision was 9/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows:

(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20" As the guidelines recommend acupuncture for 3 to 6 treatments as necessary to produce functional improvement, the request for 8 sessions is above the guideline recommendation. Therefore the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for 6 sessions.

Psychological Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested consultation has not been sufficiently established by the documentation available for my review. The documentation does not provide a rationale or indication necessitating psychological evaluation. The request is not medically necessary.

Cervical Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year.

8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review stated that the injured worker had a prior cervical epidural injection with 25% relief. There was no documentation of how long pain relief lasted or associated reduction of medication use. As the criteria have not been met, repeat cervical epidural steroid injection is not medically necessary.