

Case Number:	CM14-0192643		
Date Assigned:	11/26/2014	Date of Injury:	09/13/2012
Decision Date:	01/27/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 injured worker was a 62 year old female, who was injured on the job on September 13, 2012. The injury occurred while lifting heavy boxes of fruit. According to the progress note of July 2, 2014, the injured worker was diagnosed with lumbar spine disc herniation, radiculitis and degenerative disc disease. On July 24, 2014 the injured worker underwent an electromyogram and nerve conduction studies. The study revealed evidence of mild, chronic bilateral 4-L5 radiculopathy. The study revealed no evidence of peripheral neuropathy. The injured worker has tried lumbar spine epidural injections, topical transdermal creams, pain medication, acupuncture and physical therapy. According to the progress note of October 15, the injured worker continues with modified light duties at work, no heavy lifting over 10 pounds, limit repetitive bending and twisting of the lumbar spine and avoid pulling or pulling. The injured worker describes weakness in her lower back, with occasional right leg radiculopathy symptoms (worse with walking or prolonged standing). The documentation submitted for review did not include acupuncture or physical therapy progress notes. The documentation also, did not include procedure notes or follow-up progress noted of the epidural injections received in the past and their effectiveness. On October 22, 2014 the UR denied the request for physiotherapy and acupuncture 2 times a week for 3 weeks, due to lack of documentation supporting functional gains and reduction in pain was not submitted in the documentation. Also, the UR denial for epidural injection to the lumbar spine; due to, the lack of supporting documentation of prior epidural injection, 50 percent improvement of reduction in pain or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy, 2 times a week for 3 weeks to the thoracic and lumbosacral areas: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."Per the ODG guidelines: (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy)The records submitted for review state that the patient has had an unspecified amount of physical therapy in the past with no improvement. The documentation does not contain physical therapy progress notes. As the request is for more sessions is not justified, the request is not medically necessary.

Acupuncture, 2 times a week for 3 weeks to the thoracic and lumbosacral areas: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be 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"The MTUS definition of functional improvement is as follows: ""Functional improvement" means either 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 and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM p309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints.The documentation submitted for review indicates the injured worker was treated with acupuncture in the past, but the documentation lacks evidence of functional benefit from the treatment. As such, the request for additional acupuncture is not appropriate and is not medically necessary.

Lumbar spine epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker was previously treated with an epidural steroid injection, and that epidural steroid injection was approved 4/2014, however, the documentation did not document the response to these treatments. Without evidence of pain relief and functional improvement, medical necessity cannot be affirmed.