

Case Number:	CM14-0040671		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2009
Decision Date:	11/12/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 71 year old, female who sustained a work related injury on 12-16-09. A review of the medical records shows she is being treated for right shoulder and low back pain. Treatments have included medications ("with benefit"), prior lumbar epidural steroid injection (6-28-13) and acupuncture ("with benefit"). Provider states she got better than 50% relief with previous lumbar epidural steroid injection. In the progress notes, the injured worker reports eight shoulder pain. She reports low back pain with some numbness to both legs. She notes some weakness in legs. Not much change since past few visits. On physical exam dated 3-14-14, she has positive straight leg raises with both legs. She has decreased sensation to both feet. She has decreased strength in both legs. She has decreased lumbar range of motion. She has spasms in lumbar paraspinal muscles. She is not working. The treatment plan includes requests for a lumbar epidural steroid injection and for acupuncture. In the Utilization Review dated 3-26-14, the requested treatments of right L4, L5 and S1 lumbar epidural steroid injection and unknown number of sessions of acupuncture are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L4, L5 and S1 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, there is a lack of objective findings on physical examination to support a diagnosis of radiculopathy, therefore, the request for 1 right L4, L5 and S1 lumbar epidural steroid injection is determined to not be medically necessary.

Unknown sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Acupuncture Section.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. Per the ODG, with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. In this case, per the available documentation, the injured worker has already completed 16 sessions of acupuncture with subjective benefit. Despite a report of subjective benefit, there is a lack of objective functional gains. The request for unknown sessions of acupuncture is determined to not be medically necessary.