

Case Number:	CM15-0140095		
Date Assigned:	07/29/2015	Date of Injury:	09/19/2013
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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 53-year-old female who sustained an industrial twisting injury to her lower back on 09/19/2013. The injured worker was diagnosed with left lumbar radiculopathy and disc protrusion at L5-S1. No surgical interventions were documented. Comorbid conditions include morbid obesity (BMI 41.8). Diagnostic testing included lumbar spine magnetic resonance imaging (MRI) in January 2015, which showed 2.5 mm disc bulge at L5-S1 without nerve impingement and included a normal electrodiagnostic studies of lower extremities in December 2014. Treatment to date has included conservative measures with chiropractic therapy, physical therapy, acupuncture therapy and medications. According to the primary treating physician's progress report on 6/2/2015, the injured worker continued to experience low back pain. Acupuncture has helped lessen the pain. Current medications were not documented. Evaluation noted a non-antalgic gait with ability to heel and toe walk without difficulty. Examination of the lumbar spine demonstrated tenderness to palpation in the upper, mid and lower paravertebral muscles. Range of motion was limited and there was increased pain with lumbar motion. Straight leg raise and rectus femoris stretch signs did not demonstrate any nerve irritability. The hip and pelvis examination was negative. Sensation of the left lower extremity was patchy and decreased at the L5 distribution. Treatment plan consists of completing acupuncture therapy sessions, continuing with soft tissue modalities, stretching, exercises for range of motion and strengthening, activity as tolerated and the current request for pain management consultation, epidural steroid injection and additional acupuncture therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 2 pg 21, Chp 5 pg 79, 89-90, 92.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. In this case, the provider has a patient with chronic pain, not improved with non-surgical interventions. His referral to a pain specialist to manage the patient's chronic pain is appropriate if he does not feel comfortable doing the management. This is implied when a provider requests a referral. Medical necessity has been established.

Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Chronic Regional Pain Syndrome (sympathetic and epidural blocks) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities that will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS, the present recommendations are for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The American Society of Interventional Pain Physicians (ASIPP) found limited evidence for accuracy of diagnostic nerve blocks but recommends diagnostic selective nerve root blocks in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. Therapeutically, ASIPP noted good evidence for use of epidural steroid injections for managing disc herniation or radiculitis; fair evidence for axial or discogenic pain without disc herniation, radiculitis or facet joint pain with caudal and lumbar interlaminar epidural injections, and limited evidence with transforaminal epidural injections. The MTUS provides very specific criteria for use of epidural steroid injection therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by

imaging, and evidence that the patient is unresponsive to conservative treatment. For this patient there is suggestive documentation on history and examination of the radicular nature of the patient's symptoms but MRI or electromyographic studies do not corroborate this. The records also lack evidence that the patient is unresponsive to conservative therapy. In fact, the patient is getting improvement with use of medications and acupuncture. At this point in the care of this patient medical necessity for this procedure is not necessary.

Additional acupuncture for lumbar spine 12 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is a technique to control and improve pain in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for initial use of this treatment are 3-6 treatments up to 3 times per week optimally for 1-2 months. It makes sense to first ensure its effectiveness before committing to a longer term of therapy. A 2-week trial is most commonly accepted for this purpose. It should be remembered that continued use of this therapeutic modality requires documentation of functional improvement from this therapy. Note: functional improvement is defined by the MTUS as "clinically significant improvement in activities of daily living or a reduction in work restrictions." Review of the available medical records documents improved pain control and that the patient continues to work after a trial of this therapy. However, it does not document or quantitate a functional improvement from acupuncture. Considering all the above information, continued use of this treatment modality in this patient following the guidelines as noted above is indicated. Therefore, the request is medically necessary.