

<b>Case Number:</b>	CM15-0149480		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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-old male who sustained an industrial injury on October 22, 2014. The accident was described as while working regular duty he was lifting a large steel rhino ATV gate and felt immediate onset of sharp pain in the back with a popping sensation in his stomach and a burning sensation in the back. A primary treating follow up dated June 25, 2015 reported subjective complaint of intermittent moderate low back pain with radiation into bilateral lower extremities. He states having completed 8 physiotherapy sessions, 6 acupuncture sessions, use of medications all without long term relief of symptom. He is also with complaint of abdominal pain secondary to medications. Objective findings showed lumbosacral spine with increased tone and tenderness about the paralumbar musculature with tenderness at the mid-line thoracolumbar junction and over the L5-S1 level facets and right side greater sciatic notch. There are spasms noted and a positive straight leg raising test at 40 degrees bilaterally. Current diagnoses were: lumbar spine strain and sprain with radicular complaints and radiographic evidence of multi-level disc bulges and facet hypertrophy at L3-4 and L4-5, and status post umbilical hernia repair. The plan of care involved recommending lumbar epidural steroid injection at L5-S1; attend acupuncture sessions; and undergo a medical consultation regarding abdominal complaint. He was prescribed the following: Nabumetone, Omeprazole, and Flexeril. He is prescribed a modified work duty. The previous primary visit dated May 14, 2015 noted standing recommendation for lumbar epidural injection, acupuncture treatment. He was prescribed the following: Naproxen, and Omeprazole. May 05, 2015 he underwent radiographic study of a magnetic resonance imaging scan of the lumbar spine that revealed: at L3-4 disc bulge with a

mild bilateral facet hypertrophy without stenosis and within the L3 vertebral body is a well circumscribed interosseous lesion and at L4-5 there is a loss of nucleus pulposus signal intensity and a disc bulge with mild left and mild to moderate right facet hypertrophy. There is mild central canal narrowing as well as bilateral neural foraminal narrowing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 lumbar epidural steroid injection at L5-S1 levels: 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 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current objective examination findings with corroborating imaging and/or electro diagnostic study findings indicative of radiculopathy at the level proposed for injection. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

#### **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:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously without objective functional improvement resulting from that treatment. As such, the currently requested acupuncture is not medically necessary.

#### **1 referral to internist for consultation (only) re: symptoms of gastritis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National institute for Health and Care excellence (NICE). Dyspepsia and gastro-oesophageal reflux disease. Investigation and management of dyspepsia, symptoms suggestive of gastro-oesophageal reflux disease or both. London (UK).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient only recently reported symptoms of abdominal pain attributed to medications and the provider changed the patient's NSAID (nabumetone instead of naproxen) at that time. There is no clear indication for specialty consultation prior to evaluation of the patient's response to that medication change. In light of the above issues, the currently requested consultation is not medically necessary.