

Case Number:	CM15-0162206		
Date Assigned:	08/28/2015	Date of Injury:	09/22/2014
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 37 year old male who sustained an industrial-work injury on 9-22-14. He reported an initial complaint of neck, shoulder, arm and back pain. The injured worker was diagnosed as having cervical radiculitis, lumbar radiculitis, displacement of cervical intervertebral disc and displacement of lumbar intervertebral disc without myelopathy. Treatment to date includes medication and diagnostics. MRI results of the cervical spine were reported on 12-9-14 that revealed C5-6 left disc herniation causing left neuroforaminal stenosis. MRI (magnetic resonance imaging) from 12-9-14 of the lumbar spine revealed L4-5 disc protrusion, ligamentous thickening and facet overgrowth. Currently, the injured worker complained of pain in the neck, left shoulder, left arm, left wrist, and left hand. There was also lower back, both knees, and both feet with radiation to both legs rated 6 out of 10. Per the primary physician's report (PR-2) on 8-6-15, exam noted cervical spine tenderness and spasm, Spurling's maneuver was positive on the left, tenderness to the lumbar spine, positive facet loading maneuvers, positive straight leg raise on the right, diminished sensation in the left C5-C6 dermatomes of the upper extremities and the right L4-5 dermatomes of the lower extremities, symmetrical reflexes. The requested treatments include L4-5 Lumbar Epidural Steroid Injection and Acupuncture 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times four weeks is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical radiculitis; lumbosacral radiculitis; displacement cervical intervertebral disc; and displacement lumbar intervertebral disc without myelopathy. Date of injury is September 22, 2014. Request authorization is August 10, 2015. According to a July 9, 2015 progress note, subjective complaints include low back pain, neck, left shoulder arm and wrist pain with bilateral knee and foot pain. The only acceptable body part is the low back pain. Pain score is 5/10. Objectively, there is decreased range of motion of the lumbar spine with tenderness to palpation. There is no spinous process tenderness. There is positive facet loading. The treating provider requested eight acupuncture sessions. The guidelines recommend an initial trial of 3-4 visits over two weeks. The treating provider exceeded the recommended guidelines in the initial request. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and an excessive request for acupuncture treatments, acupuncture two times per week times four weeks is not medically necessary.

L4-5 Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, L4- L5 lumbar epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants);

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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical radiculitis; lumbosacral radiculitis; displacement cervical intervertebral disc; and displacement lumbar intervertebral disc without myelopathy. Date of injury is September 22, 2014. Request authorization is August 10, 2015. According to a July 9, 2015 progress note, subjective complaints include low back pain, neck, left shoulder arm and wrist pain with bilateral knee and foot pain. The only acceptable body part is the low back pain. Pain score is 5/10. Objectively, there is decreased range of motion of the lumbar spine with tenderness to palpation. There is no spinous process tenderness. There is positive facet loading. Utilization review states the treating provider requested an EMG/NCV in addition to the epidural steroid injection. The EMG/NCV should be performed first with guidance/confirmation for the subsequent epidural steroid injection. As a result, the L4-L5 lumbar ESI is premature at this time. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of an EMG/NCV (presently pending), L4- L5 lumbar epidural steroid injection is not medically necessary.