

Case Number:	CM15-0184801		
Date Assigned:	09/25/2015	Date of Injury:	05/01/2007
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old male, with a reported date of injury of 05-01-2007. The diagnoses include lumbar spondylosis, chronic pain syndrome, insomnia, myofascial pain, and opiate tolerance. Treatments and evaluation to date have included physical therapy, an epidural steroid injection that was helpful, Norco, Omeprazole, Naproxen, Flexeril, and Tramadol. The diagnostic studies to date have not been included in the medical records. The visit note dated 08-25-2015 indicates that the injured worker complained of diffuse neck pain, low back, and left lower extremity pain. He stated that his pain medications gave 7 out of 10 relief and they helped improve his quality of walk and distance. The physical examination showed tenderness to palpation in the region concordant with the injured worker's described area of pain; deep palpation resulted in distal radiation of pain; reduced range of motion; reduced muscle strength in the plantar flexor muscles; inability to toe and heel walk; palpable taut bands in the area of the pain; soft tissue dysfunction and spasms in the lumbar paraspinal and gluteal region; straight leg raise of the affected side reproduced the radicular symptoms; lateral rotation and extension of the spine produced concordant pain in the affected area; and decreased Achilles reflex. The treatment plan included a bilateral S1 epidural steroid injection to help with his quality of life and function; and three more acupuncture sessions for a total of six to give better effectiveness of pain relief. There is no indication that the injured worker had started the previous three acupuncture sessions. The injured worker has been advised to remain off work due to his reported limitations imposed by the pain and suffering. The request for authorization was dated 08-31-2015. The treating physician requested three acupuncture sessions and bilateral S1 epidural steroid injection. On 09-08-2015, Utilization Review (UR) non-certified the request for three acupuncture sessions and bilateral S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 acupuncture sessions: 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).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8 & 9 Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe 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 (ef). In this case, the request is for 3 additional sessions of acupuncture but the medical note from 8/31/15 fails to document functional improvement following the first three sessions. Therefore, the request is not medically necessary.

Bilateral S1 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).

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In this case, the notes from 7/28/15 and 8/31/15 fail to document lower extremity symptoms in a dermatomal distribution. There is no official radiology report or electrodiagnostic report provided in the documentation, which corroborates the injured workers symptoms. Therefore, the request for bilateral S1 epidural steroid injections is not medically necessary.