

Case Number:	CM15-0195371		
Date Assigned:	10/09/2015	Date of Injury:	08/06/2013
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 8-6-13. He is diagnosed with low back pain. His work status is modified duty; however, he is not currently working. Notes dated 8-11-15 - 9-22-15 reveals the injured worker presented with complaints of low back pain with radicular symptoms (left greater than right) rated at 5 out of 10. He also reports sleep disturbance. Physical examinations dated 8-11-15 - 9-22-15 revealed an altered gait; however, a smoother cadence and increased speed is noted from previous visits. No difficulty with sit to stand transition noted. Treatment to date has included medications; Gabapentin (discontinued due to sedation), Lidoderm (patches helped relieve pain) and medical marijuana (helps with sleep); acupuncture provides pain relief; home exercise program-stretching is helpful and physical therapy (8 sessions) per notes dated 6-30-15 - 9-22-15. Diagnostic studies to date have included lumbar spine MRI (2013). A request for authorization dated 9-22-15 for acupuncture 6 sessions is modified to 3 sessions and 1 bilateral lumbar epidural corticosteroid injection with MAC is non-certified, per Utilization Review letter dated 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant completed an unknown amount of acupuncture in the past. Although additional acupuncture may help and may require up to 1- 2 months, acupuncture is considered an option rather than a necessity. The request for 6 additional treatments is not medically necessary.

1 bilateral lumbar epidural corticosteroid injection with MAC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, epidural injections are indicated for those who have radicular findings on exam and diagnostics. An MRI on 10/2012 indicated nerve root involvement from L3-L5. In this case, the recent exam notes do not specify neurological abnormalities or findings consistent with radiculopathy. In addition, the ACOEM guidelines do not support ESIs due to their short term benefit. The level of intervention was not specified. The request for lumbar ESI is not medically necessary.