

Case Number:	CM15-0196520		
Date Assigned:	10/12/2015	Date of Injury:	05/11/2015
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 52 year old male who sustained an industrial injury on 5-11-15. He is not working. The medical records indicate that the injured worker is being treated for brachial neuritis; lumbosacral neuritis; lumbar sprain; neck sprain; lumbar degenerative disc disease; lumbar radiculopathy; cervical degenerative disk disease; cervical radiculopathy; muscle spasms; hyper-exaggerated pain response. He currently (8-31-15) complains of worsening intermittent lower back pain with numbness and tingling, radiating into the right lower extremity. His pain level is 6-7.5 out of 10 (his initial pain on 5-11-15 was 4 out of 10). His neck, shoulders, legs, lower back and upper back is also bothering him. Repetitive activity aggravates the condition. He was recently seen in the emergency department and was given Morphine for the pain. On physical exam of the lumbar spine there was decreased range of motion (poor effort), positive straight leg raise in the sitting position, and positive Faber sign on the right. He has undergone an MRI of the lumbar spine (6-4-15) showing multi-level degenerative changes notable at L4-5 and L5-S1 with central canal stenosis and encroachment of existing nerve roots, bilateral neuroforaminal narrowing. The injured worker has been treated with medications: acetaminophen, cyclobenzaprine, Prednisone, Nabumetone (5-15-15); chiropractic visits; physical therapy; per the 7-20-15 note the treating provider recommended to continue acupuncture and complete (number of sessions were not enumerated but had completed one session by 6-26-15. In the progress note dated 8-31-15 the treating provider recommends acupuncture 2 times per week for 3 weeks and lumbar epidural steroid injection (there was no other record present indicating prior epidural steroid injection). The request for authorization

dated 6-10-15 was for acupuncture 2 times 3. On 9-21-15 Utilization Review non-certified the requests for epidural steroid injection at L4-5 for the lumbar spine, lower back; acupuncture 2 times a week for 3 weeks for the low back, lower back, #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-L5 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 7/20/15, sensation was intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral lower extremities. Motor strength examination was 5/5 bilaterally in all muscle groups. It was noted that reflexes were difficult to obtain at the knees. Imaging study was not available for review. Above-mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary.

Acupuncture two times a week for three weeks for the low back, lower back, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be 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." The MTUS definition of functional improvement is as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Per the documentation submitted for review, the injured worker had completed at least one session of acupuncture 6/2015 without benefit. As the medical records contained no evidence of functional improvement, additional acupuncture is not indicated. The request is not medically necessary.