

Case Number:	CM15-0200213		
Date Assigned:	10/15/2015	Date of Injury:	03/14/2014
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 63 year old male, who sustained an industrial injury on 3-14-2014. The injured worker is undergoing treatment for lumbar disc displacement, radiculopathy and strain-sprain. Medical records dated 5-28-2015, 9-22-2015 indicate the injured worker complains of dull back pain radiating down the legs and rated 8 out of 10 on 9-22-2015 and 7-10 out of 10 on 5-28-2015. Physical exam dated 9-22-2015 notes lumbar tenderness to palpation, spasm, positive straight leg raise on the left and decreased range of motion (ROM). Treatment to date has included medication, epidural steroid injection (9-9-2014) the treating physician does not provide results, acupuncture. The original utilization review dated 10-9-2015 indicates the request for myofascial release 2x wk. lumbar spine #6 is certified and Electro Acupuncture, 2 Times Weekly For 3 Weeks, Lumbar Spine, Infrared, 2 X Weekly for 3 Weeks, Lumbar Spine, lumbar epidural steroid injection #1 and back brace is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture, 2 Times Weekly For 3 Weeks, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. It is not clear how many previous acupuncture sessions have been completed, but 4 of 6 were completed as of a progress note in May 2015. According to the guidelines, an initial course of acupuncture is 3-6 visits are recommended. As there has been previous acupuncture, medical necessity for any further acupuncture is considered in light of "functional improvement." After completion of any prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, or decreasing dependency on medical treatment. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. Additional acupuncture sessions are determined not medically necessary based on lack of functional improvement as defined in the MTUS.

Infrared, 2 X Weekly for 3 Weeks, Lumbar Spine: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Infrared therapy.

Decision rationale: CA MTUS is silent on this topic. According to the above referenced guideline, infrared therapy is "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." As the therapy is not supported by the guidelines, the request for infrared therapy to the lumbar spine is not medically necessary.

Lumbar Epidural Steroid Injection #1: 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, Special Studies.

Decision rationale: CA MTUS recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the radiographic findings do not show findings supportive of radiculopathy such as nerve root impingement. There are no electrodiagnostic studies included in the chart material. In addition, physical examination does not document any radiculopathy.

The IW has previously had an epidural steroid injection in fall of 2014. The submitted material does not include any results or improvement of symptoms from this treatment. Without these items, the request for epidural steroid injection is not medically necessary.

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Examination, Physical Methods, Activity.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain. "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. This quote from that reference is instructive: "The use of supports may appear to be helpful, as when there is pain, a support that reduces mobility may theoretically speed healing. However, numerous studies have shown a clear pattern that increasing activity levels reduces LBP. Thus, the theoretical construct for a beneficial use of lumbar supports for either treatment or prevention of LBP appears tenuous. Lumbar supports are low to moderate cost. They are not invasive, but they have minor but widely prevalent complications resulting in high non-compliance rates. There are other interventions with evidence of efficacy especially for treatment (NSAIDs, exercise, cognitive-behavioral, etc.), and also for prevention (exercise)." Therefore, the lumbar brace is not medically necessary.