

Case Number:	CM15-0204262		
Date Assigned:	10/21/2015	Date of Injury:	03/07/2003
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is represented 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 7, 2003. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve requests for an epidural steroid injection, acupuncture, and a lumbar support. The claims administrator referenced an RFA form received on September 15, 2015 in its determination. The claims administrator contended the applicant had had a prior lumbar epidural steroid injection and had also had earlier acupuncture, without profit. The applicant's attorney subsequently appealed. On a work status report dated October 6, 2015, the applicant's work status was not clearly reported. On September 15, 2015, the attending provider appealed previously denied lumbar support and epidural steroid injection. The attending provider contended that the applicant had active radicular pain complaints with positive straight leg raising and had in fact received a prior lumbar epidural steroid injection. The attending provider stated that he was seeking a three-level epidural block. The attending provider stated that electrodiagnostic testing would also be helpful in establishing further evidence of radiculopathy. On a handwritten note dated September 1, 2015, Naprosyn, Prilosec and Neurontin were endorsed. Additional acupuncture was sought. The note was very difficult to follow, handwritten, not altogether legible. Ongoing complaints of low back pain radiating to the right leg was seemingly present. Once again, the applicant's work status was not clearly detailed. On August 25, 2015, the treating provider acknowledged the applicant was not working and had ceased work in 2003.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 Epidural Steroid Injection: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a right L4-S1 epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for an epidural steroid injection, the treating provider acknowledged in an appeal letter dated September 15, 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, progress note dated September 1, 2015 was notable for commentaries that the applicant was using a variety of analgesic and adjuvant medications to include Neurontin, Flexeril, Naprosyn, etc. The applicant was no longer working, the treating provider reported on August 25, 2015, and had not worked in over 10 years, since 2003, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior lumbar epidural steroid injection(s) over the course of the claim. Therefore, request for a repeat injection is not medically necessary.

Acupuncture (2-sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for two sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the request in question represented a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, no such demonstration of functional improvement as defined in section 9792.20e was evident. The applicant was off of work, it was acknowledged on August 25, 2015, and had not worked in over 10 years. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Naprosyn, Flexeril, Neurontin, etc., the treating provider reported on September 1, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

Lumbosacral Brace: Upheld

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

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

Decision rationale: Finally, the request for a lumbosacral brace (AKA lumbar support) was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request following an industrial injury of March 7, 2003, i.e., over 10 years prior. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated as of this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request is not medically necessary.