

Case Number:	CM15-0024082		
Date Assigned:	02/13/2015	Date of Injury:	11/06/2013
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 6, 2013. In a utilization review report dated January 8, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection and eight sessions of acupuncture. The claims administrator's rationale insofar as the acupuncture was concerned was somewhat circuitous and did not state whether the applicant had or had not had prior acupuncture. The claims administrator referenced a November 24, 2014 progress note in its determination but did not summarize the same. The applicant's attorney subsequently appealed. On December 22, 2014, the applicant reported persistent complaints of low back pain with associated radicular complaints. The attending provider stated that the applicant had a 5-mm disc bulge at L4-L5. An epidural steroid injection and acupuncture were endorsed, while the applicant was returned to regular duty work. The attending provider stated that the applicant also had electrodiagnostic testing on August 20, 2014 which was negative. The attending provider stated that the applicant had complaints of moderate low back pain, aggravated by sitting and standing. The applicant had positive straight leg raising on the right, it was stated. However, there was no explicit mention of the applicant's having complaints of leg pain. In an earlier note dated November 24, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that he had never tried acupuncture. The attending provider sought eight sessions of acupuncture and returned the applicant to regular-duty work. On November 4, 2014, the applicant again reported

persistent complaints of mild-to-moderate low back pain. Once again, there is no explicit discussion of radicular pain complaints. The applicant was returned to regular-duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at the level of L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: 1. No, the request for an L4-L5 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, the attending provider's reporting of the applicant's symptomatology was, at best, incongruous. The attending provider never explicitly stated that the applicant was having complaints of low back pain radiating to the legs but, rather, focused his reporting on ongoing complaints of axial low back pain. Epidural steroid injection therapy, thus, is not indicated in the context of axial low back pain reportedly present here. Therefore, the request was not medically necessary.

Acupuncture 2 x 4 lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 2. Conversely, the request for eight sessions of acupuncture was medically necessary, medically appropriate, and indicated here. The attending provider framed the request as a first-time request for acupuncture. There was/is no clear or concrete evidence on file to support the proposition that the applicant had had prior acupuncture. While the approval does represent extension of treatment slightly beyond the three- to six-treatment course deemed necessary to produce functional improvement following the introduction of acupuncture in MTUS 97.92.24.1.c.1, the MTUS Acupuncture Medical Treatment Guidelines are nevertheless relatively permissive towards acupuncture, noting in Section 9792.24.1.8 that acupuncture treatment is employed for a wide variety of purposes, including for chronic pain purposes, to reduce pain, to reduce inflammation, to increase blood flow, to perform relaxation, etc. Therefore, the first-time request for eight sessions of acupuncture was medically necessary.