MAXIMUS Federal Services

Case Number:	CM15-0211747		
Date Assigned:	10/30/2015	Date of Injury:	03/23/2015
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/28/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female injured worker suffered an industrial injury on 3-23-2015. The diagnoses included lumbar strain and bilateral hip pain and strain. On 9-25-2015 the provider reported this was a follow up for the lumbar spine and hips. The pain was a dull aching that is unchanged rated 4 to 6 out of 10. On exam the lumbar spine was tender over the muscles with range of motion limited by pain. There was tenderness to both hips. Tramadol was being used. Prior treatments included physical therapy. Justification for a pain management referral was not included in the medical record. Utilization Review on 10-7-2015 determined non-certification for Pain management consultation and modification for Acupuncture treatment 2 times a week for 4 weeks lumbar spine to # 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ACOEM for Independent Medical Examinations and Consultations Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: Based on the 9/16/15 progress report provided by the treating physician, this patient presents with intermittent moderate low back pain aggravated by movements, which cause shooting pain/achiness. The treater has asked for PAIN MANAGEMENT CONSULTATION on 9/16/15. The patient's diagnoses per request for authorization dated 9/16/15 are lumbar s/s, facet syndrome disc bulge at L5-S1 with foraminal stenosis. The patient is s/p a course of 6 physical therapy sessions of unknown dates but since original injury, and s/p a recent course of 9 physical therapy sessions for the past 1.5 months per 9/16/15 report. The patient is currently taking Naprosyn and Tramadol as of 9/16/15 report. The patient has not improved significantly since previous exam per 8/28/15 report. The patient is doing a home exercise program per 8/28/15 report. The patient is currently not working; her last day of work was 8/14/15 according to the 9/16/15 report. ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS Guidelines, Introduction Section, page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." MTUS Guidelines, Epidural Steroid Injections section, page 46: Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. 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. MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Per 9/16/15 report, the treater is requesting a pain management consultation for a possible single lumbar spine epidural steroid injection. The patient presents with radiating back pain with no history of a prior epidural steroid injection. Utilization review letter dated 10/7/15 denied the request for a pain management consultation, stating that the requesting physician, who is an orthopedic surgeon, is capable of treating this patient's lumbar strain sprain with facet syndrome. A lumbar MRI dated 4/24/15 shows diffuse facet arthropathy disc degeneration at L5-S1 with bulging mild right foraminal stenosis per 9/16/15 report. However, there is no documentation of subjective pain along the L5-S1 dermatome, and a physical exam on 9/16/15 showed no neurological deficits in L1-S1 dermatomes bilaterally, a negative straight leg raise, and only tenderness at L4-5 and L5-S1 facets. Given the lack of indication for epidural steroid injection, the requested pain management consultation is not necessary. Hence, the request IS NOT medically necessary.

Acupuncture treatment 2 times a week for 4 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: Based on the 9/16/15 progress report provided by the treating physician, this patient presents with intermittent moderate low back pain aggravated by movements, which cause shooting pain/achiness. The treater has asked for ACUPUNCTURE TREATMENT 2 TIMES A WEEK FOR 4 WEEKS LUMBAR SPINE on 9/16/15. The patient's diagnoses per request for authorization dated 9/16/15 are lumbar s/s, facet syndrome disc bulge at L5-S1 with foraminal stenosis. The patient is s/p a course of 6 physical therapy sessions of unknown dates but since original injury, and s/p a recent course of 9 physical therapy sessions for the past 1.5 months per 9/16/15 report. The patient is currently taking Naprosyn and Tramadol as of 9/16/15 report. The patient has not improved significantly since previous exam per 8/28/15 report. The patient is doing a home exercise program per 8/28/15 report. The patient is currently not working; her last day of work was 8/14/15 according to the 9/16/15 report. MTUS Guidelines, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per 9/16/15 report, the treater is requesting for the patient to attend acupuncture treatment at a rate of 2 times a week for 4 weeks for the lumbar spine. Acupuncture treatment history is not provided to determine if patient had prior sessions. In this case, the patient continues with radicular low back pain. Given patient's condition, a trial of 3-6 treatments of Acupuncture would be indicated by MTUS guidelines. However, the request for 8 acupuncture sessions would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request IS NOT medically necessary.