

Case Number:	CM15-0085461		
Date Assigned:	05/07/2015	Date of Injury:	10/30/2007
Decision Date:	06/10/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

Utilization Review references the date of injury as 10/30/2007, but the progress reports submitted for review reference the date of injury 03/05/2002. According to a progress report dated 03/23/2015, the injured worker was seen in follow up regarding his neck and low back pain. The pain in his back had increased 10-20 percent since the last visit. He continued to await authorization for a transforaminal epidural steroid injection and additional acupuncture. The injured worker last worked on 05/28/2008. Treatments to date have included acupuncture, medial branch block, rhizotomy, MRI, electrodiagnostic studies, lumbar epidural x 3, physical therapy, chiropractic care and medications. The provider noted that 4 sessions of acupuncture therapy to the cervical spine decreased pain and improved range of motion. Medical history includes hiatal hernia, Barrett's esophagus and gastroesophageal reflux disease. Current medications included Norco, Prevacid, Carafate, topical analgesic spray, Atenolol, Miralax and herbal patches. Current complaints included aching pain in his neck radiating to the bilateral shoulders. Pain was rated 5-6 on a scale of 1-10. He reported numbness in the hands and fingers, most notably in the index finger and most often occurred when driving. He also reported aching pain in the low back with aching pain in the bilateral knees. Back pain was rated 7-8. There was numbness in the bilateral feet. Diagnoses included adjacent segment disease at C3-C4 and C7-T1, status post cervical fusion, cervical radiculopathy, cervical facet syndrome, herniated nucleus pulposus of the lumbar spine and lumbar radiculopathy. Treatment plan included ongoing care with pain management, acupuncture to the cervical spine and bilateral trapezius and transforaminal epidural steroid injection bilateral L4 and L5 roots L4-5 and L5-S1 levels.

Currently under review is the request for ongoing care with treating physician for pain management, acupuncture 8 visits 2 x 4 cervical spine and bilateral trapezius and transforaminal epidural steroid injection bilateral L4 and L5 roots L4-5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Care with Treating Physician for Pain Management: 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) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, ongoing care with treating physician for pain management is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are adjacent segment disease at C3 - C4 and C7 - T-1; status post cervical fusion; cervical radiculopathy; cervical facet syndrome; HNP's of the lumbar spine; and lumbar radiculopathy. Subjectively, according to a March 23, 2015 progress note. The injured worker complains of neck and low back pain with an increase of 10 to 20% and symptoms since the last visit. Objectively, sensation is decreased in the bilateral L4 - L5 dermatome right greater than left. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is no clinical rationale for "ongoing care". Ongoing care reflects an indeterminate number of office visits and follow-up. A follow-up office visit requires individual case review and reassessment at the prior office visit. Although a single office visit follow-up may be appropriate, ongoing care remains vague. Consequently, absent guideline recommendations for ongoing care according to individual case review and reassessment, ongoing care with treating physician for pain management is not medically necessary.

Acupuncture 8 Visits 2x4, Cervical Spine and Bilateral Trapezius: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture eight visits two times per week times four weeks to the cervical spine and bilateral trapezius is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are adjacent segment disease at C3 - C4 and C7 - T-1; status post cervical fusion; cervical radiculopathy; cervical facet syndrome; HNP's of the lumbar spine; and lumbar radiculopathy. Subjectively, according to a March 23, 2015 progress note. The injured worker complains of neck and low back pain with an increase of 10 to 20% and symptoms since the last visit. Objectively, sensation is decreased in the bilateral L4 - L5 dermatome right greater than left. The documentation shows the injured worker received for acupuncture treatments to the neck that resulted in decreased pain and increased range of motion. There is no documentation of objective functional improvement. The November 2014 progress note indicates additional acupuncture was authorized but not completed. The guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The documentation in the medical record did not contain clinical evidence of objective functional improvement (first 4 acupuncture visits) and, as a result, additional acupuncture is not clinically indicated. Consequently, absent clinical documentation with objective functional improvement of prior 4 acupuncture treatments, acupuncture eight visits (two times per week times four weeks) to the cervical spine and bilateral trapezius is not medically necessary.

TEFSI Bilateral L4 and L5 Roots (L4-5 and L5-S1 Levels): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TEFSI bilateral L4 - L5 roots (L4 - L5 and L5/S1 levels) are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response etc. See the guidelines for details. In this case, the injured worker's working diagnoses are adjacent segment disease at C3 - C4 and C7 - T-1; status post cervical fusion;

cervical radiculopathy; cervical facet syndrome; HNP's of the lumbar spine; and lumbar radiculopathy. Subjectively, according to a March 23, 2015 progress note. The injured worker complains of neck and low back pain with an increase of 10 to 20% and symptoms since the last visit. Objectively, sensation is decreased in the bilateral L4 - L5 dermatome right greater than left. The injured worker underwent prior epidural steroid injections on May 2, 2012; September 26, 2012; and April 10, 2013. There is no documentation in the medical records regarding degree/percentage improvement and duration of improvement. An MRI dated August 26, 2014 showed L4 - L5 stenosis on the left but no stenosis involving L5-S1. Consequently, absent clinical documentation with percentage improvement and duration of improvement with prior 3 epidural steroid injections (according to the guidelines), TEFSI bilateral L4 - L5 roots (L4 - L5 and L5/S1 levels) are not medically necessary.