

Case Number:	CM15-0236777		
Date Assigned:	12/14/2015	Date of Injury:	06/20/2009
Decision Date:	01/14/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/03/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male, who sustained an industrial injury on 6-20-2009. The injured worker is undergoing treatment for lumbosacral sprain and strain, and spondylosis, thoracic sprain and strain, left shoulder rotator cuff injury. The treatment and diagnostic testing to date has included left shoulder surgery (5-21-11), MRI of the lumbar spine (9-23-15), and medications. Medications have included Naprosyn and Iyrica. On 10-13-15, he reported his symptoms of low back and upper back pain have been unchanged. Physical examination revealed “burning dysesthesias in L5 and S1 distribution more on the right”, mild weakness in EHLs bilaterally. On 10-27-15, he reported continued low back pain with radiation into the legs. Objective findings revealed a normal gait, decreased lumbosacral range of motion, tenderness noted in lower back, full motor strength in the lower extremity, and positive straight leg raise testing in bilateral legs. There is no discussion of prior treatment methods tried and or failed. Current work status is retired. The request for authorization is for chiro therapy 2x4 for the lower back, electro-acupuncture 2x3 in house for the lower back, lumbar epidural steroid L5-S1 injection under fluoroscopic guidance. The UR dated 11-6-2015: non-certified the request for chiro therapy 2x4 for the lower back, electro-acupuncture 2x3 in house for the lower back, lumbar epidural steroid L5-S1 injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two times a week for four weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case, the request exceeds the 6 visits and therefore, the request is not medically necessary.

Electo-acupuncture two times a week for three weeks in house for the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. The request for acupuncture is reasonable for the treatment of chronic low back pain with radicular symptoms. However, the request specifically states "in house treatment". There is no evidence in the submitted records that the patient is home bound. There are no other substantiating reasons why home health services are required. In addition, the submitted documentation from 9/2/15 supports previous trial of acupuncture with no documented response to treatment. Therefore, the request is not medically necessary.

Lumbar epidural steroid L5-S1 injection under fluoroscopic guidance: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the exam notes cited do not demonstrate a failure of conservative management. There are no physical therapy notes or documented evidence of specific response to other conservative treatment modalities. The request is not medically necessary.