

Case Number:	CM14-0111881		
Date Assigned:	08/01/2014	Date of Injury:	02/04/2009
Decision Date:	09/19/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old male who reported an injury on 02/04/2009. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar radiculopathy, lumbar facet syndrome, spinal/lumbar degenerative disc disease, and low back pain, spasms of muscles, post laminectomy syndrome, and sacroiliitis. The previous treatments included medication, acupuncture, and lumbar epidural steroid injections. The diagnostic testing included an MRI. Within the clinical note dated 07/03/2014, it was reported the injured worker complained of back pain radiating from low back down both legs and lower backache. He rated his pain 3/10 in severity with medication and 6/10 in severity without medication. Upon the physical examination of the lumbar spine, the provider noted the range of motion was restricted with flexion limited to 45 degrees and extension limited to 10 degrees and limited by pain. The provider noted on palpation paravertebral muscles, spasms, tenderness, tight muscle bands, and trigger points. A twitch response was obtained along the radiating pain on palpation on the right side. The provider noted the injured worker to have spasms bilaterally and pain over the right sacroiliac joint. The provider noted the injured worker had a negative straight leg test and lumbar facet loading on both sides. The provider indicated the injured worker had tenderness to palpation over the right sacroiliac joint, gluteus minimus/maximus area. The provider indicated the injured worker had decreased sensation over the medial calf on the left side. Deep tendon reflexes were normal and equal on both sides. The provider requested 12 additional acupuncture visits and trigger point injections. The Request for Authorization was provided and submitted on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Acupuncture Visits Between 7/11/14 and 9/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 additional acupuncture visits between 07/11/2014 and 09/09/2014 is not medically necessary. The Acupuncture Medical Treatment Guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and for surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation in an anxious injured worker, and reduce muscle spasm. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation indicating the injured worker's prior course of acupuncture, including the efficacy of the prior acupuncture. The number of sessions the injured worker has previously undergone was not provided for clinical review. Therefore, the request is not medically necessary.

Trigger Point Injection Between 7/11/14 and 8/10/14 (Site Unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The request for trigger point injections between 07/11/2014 and 08/10/2014, site unspecified, is not medically necessary. The California MTUS Guidelines recommend lumbar trigger point injections for myofascial pain syndrome with limited lasting value and it is not recommended for radicular pain. Trigger point injections may be recommended for the treatment of chronic lumbar or neck pain with myofascial pain syndrome when all the following criteria are met, including: documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapies, such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain; radiculopathy is not present; no more than 3 to 4 injections per session. There is lack of documentation indicating the injured worker tried and failed conservative treatments, including physical therapy, NSAIDs, muscle relaxants. The request submitted failed to provide the treatment site the provider's requesting. Therefore, the request is not medically necessary.

