

Case Number:	CM14-0121719		
Date Assigned:	08/06/2014	Date of Injury:	01/28/1993
Decision Date:	10/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 01/28/1993. The mechanism of injury was not provided for clinical review. The diagnoses included chronic pain syndrome, low back pain, radicular symptoms, neck pain, history of carpal tunnel syndrome, and history of coccygeal fracture. Her treatments included medications, acupuncture, and injections. Previous diagnostic testing included an MRI. In the clinical note dated 08/01/2014 it was reported the injured worker complained of neck pain. The injured worker reported acupuncture decreased the pain. The injured worker reported having facet injections previously to decrease the pattern of pain. The injured worker reported improvements lasted 3 months. On the physical examination, the provider noted the injured worker's range of motion was within the normal limits. The provider indicated the injured worker's extremity, muscle tone, and bulk were all within normal limits. The provider indicated the MRI of the lumbar spine dated 12/16/2009 revealed at L4-5 and L5-S1 broad based disc bulges with bilateral facet arthrosis. The request submitted is for acupuncture and facet injections at L4-5 and L5-S1. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 times monthly maximum of 12 visits per year, low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines note it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or 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 patient, and reduce muscle spasms. 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. There is a lack of documentation indicating the number of sessions the injured worker has previously undergone. The request submitted exceeds the Guidelines recommendations for time to produce effect of 3 to 6 months with a frequency of 1 to 3 times per week. Therefore, the request is not medically necessary.

Bilateral Facet Injections at L4-5 & L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Injections

Decision rationale: The Official Disability Guidelines and California MTUS/ACOEM Guidelines note facet injections are not recommended, as there is limited research based evidence of patients with low back complaints. In addition, the Official Disability Guidelines recommend that clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note facet injections are limited to patients with cervical /lumbar pain that is nonradicular and at no more than 2 levels bilaterally. The guidelines recommend that there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs, and no more than 2 joint levels should be injected in 1 session. There is a lack of significant documentation indicating the injured worker had failed on conservative treatment. There is a lack of documentation indicating the injured worker had facetogenic pain. There is a lack of significant neurological deficit such as decreased sensation and motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.