

Case Number:	CM14-0155635		
Date Assigned:	09/25/2014	Date of Injury:	04/03/2014
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 30-year-old female who reported an injury on 04/03/2014. The mechanism of injury was reportedly a fall. His diagnoses were acute lumbosacral strain, back contusion, elbow/forearm contusion, elbow strain, right hip contusion, and right hip strain. His treatment included physical therapy, acupuncture, a home exercise program, a back brace, and medications. His diagnostics included x-rays of the back along with an MRI of the lumbar spine done on 06/23/2014, which revealed mild disc degenerative at L4-5 and L5-S1 with moderate left and mild right foraminal narrowing, and at L4-5 there was a small annular fissure at the left lateral recess. He reported no previous surgeries. On 08/21/2014, the injured worker reported that his pain level was at 8/10 and it was severe to debilitating. He complained of the pain being worse with standing, bending, and sitting, and it was better when he lies down. He reported continuous back pain with radiation to the right bottom of the foot. He was reportedly doing home exercises and acupuncture, but reported that it had not really helped. The physical examination of the lumbar spine revealed the motor examination of the lower extremities was 5/5, but the extensor hallucis longus strength was 4/5. The physician noted that sensation was intact and there were no abnormal reflexes. His medication was noted as Naprosyn. The treatment plan was for an epidural steroid injection and additional sessions of acupuncture. The rationale for the epidural steroid injection was to treat his persistent radicular symptoms. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

Decision rationale: Based on the clinical information submitted for review, the request for an epidural steroid injection is not medically necessary. According to the California MTUS Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain and can offer short term pain relief but should be used in conjunction with other rehab efforts. It is indicated that there must be documentation of radiculopathy by physical examination and corroborated by imaging studies and or diagnostic testing. Also, the patient must have initially been unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. The injured worker reported sharp and dull pain in his low back with radiation to the bottom of the right foot. It was noted that he was taking Naprosyn and had been going to acupuncture which he reported had not really helped him yet. It was noted the physical therapy did not help him and acupuncture was not helping him, along with continuous severe pain with NSAIDs. However, there was a lack of documentation that showed whether he had tried muscle relaxants. The MRI, done on 06/23/2014, showed mild disc degenerative at L4-5 and L5-S1, with moderate left and mild right foraminal narrowing, but the physical examination lacked evidence of neurological deficits and actually showed that he had normal motor strength with sensation intact and normal reflexes. Furthermore, the request failed to provide the injection site requested. As such, the request for an epidural steroid injection is not medically necessary.

Acupuncture 6 additional sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information submitted for review, the request for 6 additional sessions of acupuncture is not medically necessary. According to the CA Acupuncture Medical Treatment Guidelines, acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery and it is also used as an option when pain medication is reduced or not tolerated. Treatments may be extended if functional improvement is documented. The time to produce functional improvement is 3 to 6 treatments. The injured worker reported continuous low back pain that radiated to the bottom of his right foot. It was noted that he had completed 6 visits of acupuncture therapy. However, the injured worker reported that it had not really helped him. The guidelines indicate that treatment may be extended if functional improvement is documented, but the injured worker continuously reported constant and unchanged pain, with increased pain with moderate activity. It was documented that he completed 6 treatments of acupuncture with a lack of improvement, which

the guidelines indicate that it takes up to 6 treatments to produce functional improvement. Therefore, an additional 6 sessions of acupuncture would not be supported. As such, 6 additional sessions of acupuncture is not medically necessary.