

Case Number:	CM14-0093145		
Date Assigned:	09/12/2014	Date of Injury:	08/26/2013
Decision Date:	10/14/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records presented for review indicate that this 46-year-old female was reportedly injured on 8/26/2013. The injured worker underwent a lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance on 4/11/2014 and reported a 30% improvement in the pain and range of motion. The most recent progress notes, dated 5/27/2014 and 9/4/2014, were handwritten and indicated that there were ongoing complaints of low back pain that radiated to the lower extremities. Physical examination demonstrated the patient with an antalgic gait with a cane, left leg weakness, difficulty with heel and toe walk and pain on left anterior ankle with ambulating. No recent diagnostic imaging studies available for review. Diagnoses were multilevel disk bulge and radiculopathy of the lower extremity. Previous treatment included an epidural steroid injection, physical therapy and medications. A request had been made for second lumbar epidural steroid injection and acupuncture x 12, which were not certified in the utilization review on 6/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd lumbar epidural steroid injection (LESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

Decision rationale: MTUS treatment guidelines support lumbar epidural steroid injections when lumbar radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. The injured worker reported a 30% improvement with the 1st lumbar epidural steroid injection in April 2014. The guidelines do not support or recommend a 2nd epidural steroid injection (ESI). There is inadequate response to the 1st ESI. Furthermore, there are no lumbar MRI or electrodiagnostic studies available for review to confirm the diagnosis of lumbar radiculopathy. As such, this request is not considered medically necessary.

Acupuncture x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13 of 127..

Decision rationale: MTUS acupuncture guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation and the lack of documentation of an ongoing functional restoration program, there is insufficient clinical data provided to support the request for acupuncture. As such, this request is not considered medically necessary.