

Case Number:	CM14-0097821		
Date Assigned:	07/25/2014	Date of Injury:	01/22/2013
Decision Date:	06/05/2015	UR Denial Date:	05/20/2014
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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In a Utilization Review report dated May 20, 2014, the claims administrator failed to approve requests for acupuncture and a pain management consultation. The claims administrator's rationale for denying acupuncture was somewhat circuitous. The claims administrator did not state whether the applicant had or had not had previous acupuncture. The claims administrator stated that the applicant did not have radiographic or electrodiagnostic corroboration of radiculopathy and went on to deny the request for a pain management consultation as a precursor to the same. The claims administrator referenced a RFA form dated May 30, 2014 and associated progress note of April 17, 2014 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated February 18, 2014, the medical-legal evaluator referenced a lumbar MRI imaging of April 16, 2011 notable for multilevel disk protrusions and bulges of uncertain significance, some of which generated nerve root compromise. Cervical MRI imaging of April 16, 2011 notable for multilevel disk protrusions with associated neuroforaminal compromise was also noted. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities dated May 7, 2011 was apparently interpreted as negative, the medical-legal evaluator reported. The applicant had received acupuncture in 2011, the medical-legal evaluator maintained. It was suggested that the applicant was no longer working as her office had closed in 2012. Permanent work restrictions were not, however, endorsed. On May 17, 2014, naproxen, Norflex, Zofran, and Prilosec were endorsed through pre-printed checkboxes, with little-to-no narrative commentary. In a handwritten note dated April 17, 2014, the applicant reported ongoing complaints of neck and low back pain. Acupuncture and

referral to consider epidural steroid injection therapy were proposed. The applicant's work status was not furnished. The applicant was apparently given a prescription for gabapentin. The applicant's complete medication was not detailed. The applicant was asked to follow-up with psychiatry. On October 16, 2014, the applicant reported worsening neck and low back pain radiating into the bilateral upper and bilateral lower extremities, 6-7/10. Medications were refilled under separate cover. The attending provider suggested that he was seeking a referral to a pain management specialist for "consideration" of epidural steroid injection therapy. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice per week for 4 weeks for the cervical & lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for eight sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question did in fact represent a request for a renewal or extension of acupuncture as a medical-legal evaluator reported on February 18, 2014 that the applicant had had unspecified amounts of acupuncture over the course of the claim, including in 2011. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, in this case, however, there was no such demonstration of functional improvement as defined in section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture. The applicant had not worked since 2012; it was reported on a Medical-legal Evaluation of February 18, 2014. Work restrictions remained in place as of an office visit of October 16, 2014. The applicant remained dependent on a variety of analgesic and adjuvant medications, including naproxen, Norflex, Zofran, Terocin, etc., as of May 17, 2014. All of the foregoing, taken together, suggested a lack of functional improvement as defined in section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture. Therefore, the request for additional acupuncture was not medically necessary.

Pain management consult for cervical and lumbar ESI'S (Epidural Steroid Injections):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines.

Decision rationale: Conversely, the request for a pain management consultation to consider epidural steroid injection therapy was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely ill equipped to address and/or discuss the need for epidural steroid injection therapy. Obtaining the added expertise of a physician better-equipped to determine the applicant's suitability for epidural steroid injection therapy, namely a pain management consultant, was, thus, indicated, particularly given the applicant's incomplete response to earlier treatment with analgesic medications, physical therapy, acupuncture, etc. Therefore, the request was medically necessary.