MAXIMUS Federal Services

Case Number:	CM15-0107363		
Date Assigned:	06/11/2015	Date of Injury:	11/01/2013
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: California
Certification(s)/Specialty: Emergency 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 11/01/2013. Diagnoses include chronic pain and sciatica. Treatment to date has included acupuncture, physical therapy, home exercise program, injections and medications. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported pain across the lower back with radiating leg pain that is described as unchanged. Physical examination revealed tenderness across the low back, active lumbar range of motion, and tenderness over the buttock. Straight leg raise caused buttock pain. The exam remains unchanged. The plan of care included injections and acupuncture and authorization was requested for 8 additional sessions of acupuncture and bilateral facet blocks at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture x 8 sessions, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has lower back with radiating leg pain that is described as unchanged. Physical examination revealed tenderness across the low back, active lumbar range of motion, and tenderness over the buttock. Straight leg raise caused buttock pain. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, acupuncture x 8 sessions is not medically necessary.

Bilateral facet block L4-L5 and 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute &Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Acupuncture x 8 sessions, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has lower back with radiating leg pain that is described as unchanged. Physical examination revealed tenderness across the low back, active lumbar range of motion, and tenderness over the buttock. Straight leg raise caused buttock pain. The treating physician has not documented positive facet compression test on exam, intention for a subsquent neurotomy if positive nor the medical necessity for facet blocks in the face of evidence of radiculopathy. The criteria noted above not having been met, bilateral facet block L4-L5 and L5-S1 is not medically necessary.