

Case Number:	CM15-0012192		
Date Assigned:	01/29/2015	Date of Injury:	05/09/2013
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old female, who sustained an industrial injury on June 9, 2013. The diagnoses have included left lumbar radiculitis, lumbar face arthropathy and cervicogenic headache. Treatment to date has included ice, TENS Unit, oral medications and patches. Currently, the injured worker complains of back pain that is the same pain is sharp and is intermittent. In a progress note dated December 5, 2014, the treating provider reports decreased range of motion, lumbar facet stress test is positive. On December 23, 2014 Utilization Review non-certified a acupuncture times six visits lumbar, and radiofrequency ablation bilaterally L3-L5, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Acupuncture for the Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, "Acupuncture 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites." There is no documentation of pain and functional improvement of previous acupuncture sessions. Therefore, the request for more acupuncture sessions is not justified. Therefore the request for 6 sessions of acupuncture for lumbar pain is not medically necessary.

Radiofrequency Ablation Bilaterally at the L3-L5: 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, Facet Joint Radiofrequency Neurotomy; Lumbar Spine, Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: a) According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." There is no documentation of significant pain and functional improvement with previous diagnosis medial branch block without analgesic for sedation. There is no documentation that lumbar facets are the main pain generator. Therefore, Radiofrequency Ablation Bilaterally at the L3-L5 is not medically necessary.