

Case Number:	CM15-0015835		
Date Assigned:	02/04/2015	Date of Injury:	07/09/2002
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 7/9/02. He has reported back pain. The diagnoses have included lumbosacral disc injury, lumbosacral discectomy with laminectomy, lumbosacral sprain/strain injury, lumbosacral radiculopathy and flare-up of low back pain. Treatment to date has included acupuncture, TENS unit, oral medications, transdermal medication and physical therapy. Currently, the injured worker complains of ongoing back and lower extremity pain. Physical exam of 12/15/14 noted tenderness to palpation of lumbar spine and lumbosacral area with normal strength of bilateral lower extremities. On 1/16/15 Utilization Review non-certified Electro-acupuncture treatment, noting no documentation of functional improvement from previous treatment; lumbar epidural steroid injection, noting no clear indications of radiculopathy and (MRI) magnetic resonance imaging of lumbar spine, noting there is no documentation of recent clinical change and no consideration for surgery. The MTUS, ACOEM Guidelines, was cited. On 1/27/15, the injured worker submitted an application for IMR for review of Electro-acupuncture treatment, lumbar epidural steroid injection and (MRI) magnetic resonance imaging of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with back pain radiating to lower extremity. The request is for MRI OF THE LUMBAR SPINE. The request for authorization is dated 01/06/15. The patient is status-post L4-5 laminectomy and discectomy 10/28/02. Patient has decreased lumbosacral range of motion. The patient has a positive straight leg raise test. Patient's medications include Norco, Flexeril and Tramadol. Per UR letter dated 01/16/15, previous MRI of the lumbar 05/25/04 showed post-surgical and degenerative disc changes at L4-5 with evidence of prior right hemilaminotomy and minimal disc bulging and EMG/NCS of the lower extremities 03/04/11 showed left L4 and right S1 radiculopathy. Patient is retired. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 12/15/14, treater's reason for the request is "The patient is having severe flare-up of pain and discomfort involving his low back and legs." However, subjective worsening is an inadequate reason for obtaining another MRI. There are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. Furthermore, the patient is not post-operative either. Based on submitted documentation and discussions there does not appear to be a valid reason for an updated MRI. Therefore, the request IS NOT medically necessary.

Electro-acupuncture treatment x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guideline Page(s): 13.

Decision rationale: The patient presents with back pain radiating to lower extremity. The request is for ELECTRO-ACUPUNCTURE TREATMENT X6. The request for authorization is dated 12/15/14. The patient is status-post L4-5 laminectomy and discectomy 10/28/02. Patient has decreased lumbosacral range of motion. The patient has a positive straight leg raise test. Patient's medications include Norco, Flexeril and Tramadol. Per UR letter dated 01/16/15, previous MRI of the lumbar 05/25/04 showed post-surgical and degenerative disc changes at L4-5 with evidence of prior right hemilaminotomy and minimal disc bulging and EMG/NCS of the lower extremities 03/04/11 showed left L4 and right S1 radiculopathy. Patient is retired. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week

(iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 01/06/15, treater's reason for the request is "For his severe pain and discomfort." There is no discussion of treatment history or acupuncture notes available for review. Given patient's condition, a trial of acupuncture would be indicated by guidelines. However, per UR letter dated 01/16/14 patient previously had 16 treatments of acupuncture. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. There are no discussions of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with back pain radiating to lower extremity. The request is for LUMBAR EPIDURAL STEROID INJECTION. The request for authorization is dated 12/15/14. The patient is status-post L4-5 laminectomy and discectomy 10/28/02. Patient has decreased lumbosacral range of motion. The patient has a positive straight leg raise test. Patient's medications include Norco, Flexeril and Tramadol. Per UR letter dated 01/16/15, previous MRI of the lumbar 05/25/04 showed post-surgical and degenerative disc changes at L4-5 with evidence of prior right hemilaminotomy and minimal disc bulging and EMG/NCS of the lower extremities 03/04/11 showed left L4 and right S1 radiculopathy. Patient is retired.MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 01/06/15, treater's reason for the request is "For his severe pain and discomfort." In this case, radiculopathy is documented in patient by positive straight-leg test and results of his imaging studies. The patient's last lumbar epidural steroid injection was on 04/06/11. The patient unfortunately has return of the symptoms. MTUS allows up to 4 blocks per year and the request appears reasonable. Therefore, the request IS medically necessary.