

Case Number:	CM15-0118426		
Date Assigned:	06/26/2015	Date of Injury:	11/24/2003
Decision Date:	10/02/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/18/2015

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 York
 Certification(s)/Specialty: Pediatrics, Internal 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 75 year old male, who sustained an industrial injury on 11/24/03. The injured worker was diagnosed as having severe flare up of low back pain, lumbosacral disc injury, right L5-S1 lumbosacral radiculopathy and myofascial pain syndrome. Treatment to date has included oral medications including Norco and Celebrex, Neurontin, Mobic, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of a lot of pain and discomfort in neck and right shoulder. A random drug screening was performed on 2/5/15. Physical exam noted normal gait, lumbosacral tenderness to palpation with painful range of motion, myofascial tightness and decreased range of motion; decreased sensation to light touch as well as decreased musculoskeletal strength on the right side. A request for authorization dated 5/7/15 was submitted for back brace, lumbar epidural steroid inject, acupuncture, myofascial release and infra-red laser treatment of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - ESI.

Decision rationale: Per ACOEM guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Criteria for ESI are that the radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is inadequate documentation of use of all conservative measures prior to proceeding to ESI. This request is not medically necessary.

Electro-Acupuncture 2X3, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture Page(s): 8-9.

Decision rationale: CA MTUS guidelines recommend acupuncture with electrical stimulation for chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain and pain in multiple sites. "Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site." "Psychological effects can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus and muscle relaxation." The provider noted he was requesting electro-acupuncture to avoid flare-up pain and discomfort; the guidelines do not include recommendation for avoidance of flare-up pain. Documentation does not indicate the injured worker had radicular symptoms or pain in multiple sites of lumbar spine. Therefore, the request for electro-acupuncture is not medically necessary.

Infrared 2X3, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser therapy Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy Page(s): 57.

Decision rationale: CA MTUS guidelines note Low-level laser therapy is not recommended. "There has been interest in using low level lasers as a conservative alternative to treat pain." "There is insufficient data to draw firm conclusions about the effects of low level laser therapy

for low back pain compared to other treatments." The documentation submitted for review did not state why this treatment was chosen and it is not recommended by the guidelines. Therefore, the request for low level laser therapy is not medically necessary.

Myofascial Release 2X3, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: CA MTUS guidelines recommend massage therapy as an option; "it should be adjunct to other recommended treatment and should be limited to 4-6 visits in most cases." The documentation did not indicate the injured worker would be using massage in conjunction with other treatments such as exercise. Therefore, the request for massage therapy is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest dose for the shortest period in patients with moderate to severe pain. "It is recommended as a second-line treatment after acetaminophen." Documentation did not support a decrease in pain while using the medication and objective documentation of improvement in function was not included. It is also not documented how long the injured worker had been receiving Celebrex; so short term use could not be determined. Therefore, the request for Celebrex is not medically necessary.

Norco 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS guidelines long term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. The injured worker did not state a decrease in the pain with the

use of medication and objective functional improvement was not documented. Documentation did not indicate intensity of pain or improvement in pain after taking the opioid or objective improvement in functional status. The urine drug screen was inconsistent with medications prescribed. Therefore, the request for Norco is not medically necessary.