MAXIMUS Federal Services

Case Number:	CM15-0129944		
Date Assigned:	07/16/2015	Date of Injury:	06/13/2012
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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, Indiana, New York
Certification(s)/Specialty: 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 56 year old female who sustained an industrial injury on 6-13-12. Diagnoses are lumbar degenerative disc disease, lumbar radiculopathy, lumbar myofascitis, and facet arthropathy. In a progress report dated 6-11-15, the treating physician notes an MRI of the lumbar spine is pending scheduling. Pain is rated at 8 or 9 out of 10. It is described as constant while standing or sitting and is dull, burning, throbbing, pins and needles, numbness, and tingling. It goes down the left leg. Current medication is Cymbalta and Norflex. She is unable to walk on heels and toes. There is pain to palpation over the left and right paraspinal muscles and decreased lumbar range of motion. Work status is noted as return to work with restrictions. Previous treatment includes lumbar steroid injections- 2012 and 2013, L3-4, L4-5, L5-S1 medial branch blocks- 2013, acupuncture- 2012, chiropractics- 2012, Diclofenac, Norco, Toradol, and Neurontin. The requested treatment is lumbar epidural steroid injection at L3-4 and L4-5 and acupuncture 2 times a week for 3 weeks for the 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 at L3-4 and L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injections at L3 - L4 and L4 - L5 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar generative disc disease; facet arthropathy; and lumbar radiculopathy. The date of injury is June 13, 2012. Request for authorization is dated June 11, 2015. An authorization request dated June 11, 2015 contains a request for a lumbar epidural steroid injection, physical therapy and magnetic resonance imaging scans. There is no acupuncture request. According to a June 11, 2015 progress note, subjective complaints include low back pain that radiates to the left leg. Objectively, range of motion was decreased, but there was a normal neurologic evaluation. There was no objective evidence of radiculopathy. The injured worker had two prior epidural steroid injections. There was no documentation of percentage improvement and duration of improvement from prior ESIs. Consequently, absent clinical documentation with objective evidence of radiculopathy on physical examination and no documentation of prior epidural steroid injections with percentage improvement and duration improvement, lumbar epidural steroid injections at L3 - L4 and L4 - L5 are not medically necessary.

Acupuncture 2 x 3 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times three weeks of lumbar spine is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial

trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbar generative disc disease; facet arthropathy; and lumbar radiculopathy. The date of injury is June 13, 2012. Request for authorization is dated June 11, 2015. An authorization dated June 11 contains a request for a lumbar epidural steroid injection, physical therapy and magnetic resonance imaging scans. There is no acupuncture request. According to a June 11, 2015 progress note, subjective complaints include low back pain that radiates to the left leg. Objectively, range of motion was decreased, but there was a normal neurologic evaluation. There was no objective evidence of radiculopathy. The treatment plan in the June 11, 2015 progress note does not contain clinical discussion or rationale for acupuncture. Utilization review states the injured worker received six sessions of acupuncture. There are no acupuncture therapy session notes in the medical record. The guidelines recommend a 3 to 4 visit acupuncture clinical trial. Evidence of objective functional improvement total of up to 8 to 12 visits may be indicated. There is no documentation of objective functional improvement. Consequently, absent clinical documentation of prior acupuncture (six sessions), evidence of objective functional improvement and a clinical discussion and rationale for additional acupuncture in the June 11, 2015 progress note, acupuncture two times per week times three weeks of lumbar spine is not medically necessary.