

Case Number:	CM15-0179316		
Date Assigned:	09/21/2015	Date of Injury:	02/21/2014
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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: Family Practice

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 49 year old male, who sustained an industrial injury on 2-21-2014. The injured worker was diagnosed as having status post back sprain-strain and chronic low back pain with left lumbar radiculopathy affecting L5 and S1. Treatment to date has included diagnostics, multiple epidural steroid injections, and medications. Magnetic resonance imaging of the lumbar spine (3-27-2014) was documented to show posterior central and bilateral paracentral disc bulge measuring 5mm in anterior-posterior dimension, resulting in abutment of the right transversing S1 nerve root, and the disc bulges adjacent to but does not definitely displace the left transversing S1 nerve root. Currently (8-14-2015), the injured worker complains of "significant" back pain without relief so far and he "cannot function now." Pain was described as aching, numbing, sharp, shooting, throbbing, and nagging. Pain was rated 10 out of 10 at worst, 7 at least, and 8 current. Pain ratings were unchanged from visit on 7-17-2015. He reported "LESI does help the shooting pain and paresthesia symptoms in the left leg but not much for his back". He had been treated with muscle relaxants and Neurontin. Current medication regimen, if any, was not noted. Urine toxicology (6-19-2015) report was negative for all tested analytes and medication noted "none prescribed". A review of symptoms was negative for gastrointestinal complaints but positive for anxiety, depression, mood swings, nervousness, and sleep difficulties. Exam of the lumbar spine noted left sided pain at L3-S1 on palpation of the lumbar facets. There was pain over the lumbar intervertebral discs on palpation, along with pain with flexion and extension. Motor strength was 5 of 5 in the lower extremities and there was decreased sensation in the left ankle, noting comments "Decreased to PP at the left L5 and S1 dermatomes". Deep

tendon reflexes were absent in the bilateral patella and left Achilles, 1+ right Achilles. Straight leg raise was positive on the left. He received a Toradol injection and was prescribed a Medrol dose pak. The treatment plan included facet medial branch block at bilateral L4-5 and L5-S1 and acupuncture 8-12 visits, non-certified by utilization Review on 8-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet medial branch block bilateral L4/5 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 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Facet/Medial Branch Block.

Decision rationale: The Official Disability Guidelines comment on the use of facet/medial branch blocks as a treatment modality for patients with low back pain. These guidelines provide the following criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the records indicate that the patient has an underlying radiculopathy; as noted in the patient's ongoing diagnoses. Further, there is no evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. For these reasons, a facet medial branch block bilateral L4/5 and L5/S1 is not medically necessary.

Acupuncture 8-12 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS/Acupuncture Treatment Guidelines comment on the frequency and duration of acupuncture or acupuncture with electrical stimulation. These guidelines state that acupuncture may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). In this case, the requested number of sessions, 8-12 exceeds the above stated guidelines. Further, there is no clarification as to the frequency and duration of acupuncture treatment. Finally, there is no plan to monitor functional improvement or reassess after 3-6 treatments. For these reasons, 8-12 sessions of acupuncture for the lumbar spine is not medically necessary.