

Case Number:	CM15-0033427		
Date Assigned:	02/26/2015	Date of Injury:	09/16/2011
Decision Date:	05/26/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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 (IW) is a 56-year-old female who sustained an industrial injury on 09/16/2011. Diagnoses include low back pain, degenerative lumbar disc disease, lumbar facet joint syndrome, bulging disc, herniated disc, sciatica and numbness. Treatment to date has included medications, physical therapy, injections and home exercise. Diagnostics included MRIs and electrodiagnostic testing. According to the progress notes dated 7/14/14, the IW reported constant aching pain and intermittent sharp pain in the bilateral low back with pain and numbness radiating down the bilateral lower extremities, worse on the right. She rated the pain 8/10. On 2/6/15, she complained of pain rated 4-8/10 in the right lower back with intermittent numbness radiating down the anterior aspect of the right lower extremity. She had difficulty taking medications due to stomach irritation and drowsiness. A request was made for in-office x-ray-guided selective nerve root injections at L5-S1 bilaterally and acupuncture six sessions for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office Xray guided selective nerve root injection at L5-S1 bilaterally: Upheld

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

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, in office x-ray guided selective nerve root injection at L5 - S1 bilaterally is 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. epidural steroid injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. See the guidelines for details. In this case, the injured worker's working diagnoses are low back pain; degenerative lumbar disc; lumbar facet joint syndrome; bulging disk; HNP; sciatica; and numbness. Documentation from the most recent (February 6, 2015) progress note states the injured worker received previous ESI injections. These previous injections offer the injured worker pain relief allowing her to better manage and moderate all medication intake. There are no specifics regarding percentage pain improvement and the duration of time or reduction of specific medications. The levels injected are not documented in the medical record. There were no procedural operative reports in the medical record. Documentation from the most recent progress of the medical record dated February 6, 2015, subjectively, shows the injured worker reports pain in the right aspect the lumbar spine with intermittent numbness of the anterior aspect right lower extremity. The worker states non-steroid anti-inflammatories aggravate her stomach. Her pain VAS scale is 4-8/10. Objectively, the injured worker is very tender over the lumbar paraspinal muscles from L4 - L5 to L5-S1. There is tenderness over the right SI joint. Sensation is decreased in the L5-S1 dermatomes bilaterally. Electrodiagnostic studies show a right L5 and S1 radiculopathy. MRI from August 17, 2012 showed L4 - L5 severe bilateral facet arthropathy. At L5 - S1 there was severe bilateral facet arthropathy, 3 mm degenerative anterolisthesis and other mild degenerative changes. Consequently, absent documentation indicating past epidural steroid injections resulting in at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks, in office x-ray guided selective nerve root injection at L5 - S1 bilaterally is not medically necessary.

Acupuncture times six sessions for the low back: Upheld

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

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

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture 8 sessions to the lower back 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 low back pain; degenerative lumbar disc; lumbar facet joint syndrome; bulging disk; HNP; sciatica; and numbness. Documentation from the most recent progress of the medical record dated February 6, 2015, subjectively, shows the injured worker reports pain in the right aspect the lumbar spine with intermittent numbness of the anterior aspect right lower extremity. The worker states non-steroid anti-inflammatories aggravate her stomach. Her pain VAS scale is 4-8/10. Objectively, the injured worker is very tender over the lumbar paraspinal muscles from L4 - L5 to L5-S1. There is tenderness over the right SI joint. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The documentation shows the injured worker has not received any conservative treatment modalities since 2013. Currently, the injured worker is not receiving any conservative treatment. Additionally, the guidelines recommend an initial trial of 3-4 visits over two weeks. With objective functional improvement a total of 8 to 12 visits may be clinically indicated. The treating provider requested 8 acupuncture sessions in excess of the recommended guidelines (3-4 visits). Consequently, absent clinical documentation of additional conservative treatment modalities (to be given in conjunction with acupuncture) and guideline recommendations of an initial trial of 3-4 visits over two weeks, acupuncture 8 sessions to the lower back is not medically necessary.