

Case Number:	CM15-0067060		
Date Assigned:	04/14/2015	Date of Injury:	12/13/2013
Decision Date:	05/27/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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: Texas, 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 55 year old female, who sustained an industrial injury on 12/13/13. She reported initial complaints of lower back. The injured worker was diagnosed as having bilateral trochanteric bursitis; lumbar spine pain/L5-S1 discogenic/spondylosis; lumbar myofascial pain; chronic pain syndrome. Treatment to date has included physical therapy; status post bilateral transforaminal epidural steroid injection (3/17/14); medications. Diagnostic studies include MRI lumbar spine (1/26/15). Currently, the PR-2 notes dated 3/12/15 indicate the injured worker complains of continued chronic pain since her injury. She has had an epidural injection on 3/17/14 but it did not help; if anything flared up her back and leg pain. She mainly has back pain, but there are some paresthesias radiating into the left lateral thigh. She takes Norco only a few times a week but regular medications include hydrochlorothiazide, baby aspirin, omeprazole and ibuprofen. Physical examination demonstrates pain in the lumbar flexion and extension; straight leg raise is negative; tenderness over the lower lumbar facets; motor examination is normal to the lower extremities and sacroiliac joint provocative maneuvers are negative. The lumbar MRI scan was reviewed and there is degenerative changes and mild disc pathology but reports mild facet arthropathy on 1/26/15. The provider notes there is no clear etiology for her pain based on imaging study and physical examination. He has requested acupuncture evaluation/treatment for the lumbar spine and Bilateral Lumbar L3, L4, L5 medial branch blocks. The patient sustained the injury when he was bending over to release the tie. The patient's surgical history includes bilateral RTR and elbow surgery. Per the doctor's note dated 3/12/15 patient had complaints of back pain radiating to thigh with paresthesias

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluation/treatment for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request: Acupuncture evaluation/treatment for the lumbar spine MTUS Guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below state that: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of Acupuncture evaluation/treatment for the lumbar spine is not fully medically necessary.

Bilateral Lumbar L3, L4, L5 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Bilateral Lumbar L3, L4, L5 medial branch blocks. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG low back guidelines medial branch blocks are Under study. 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. The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. The injured worker was diagnosed as having bilateral trochanteric bursitis; lumbar spine pain/L5-S1 discogenic/spondylosis; lumbar myofascial pain; chronic pain syndrome. She mainly has back pain, but there are some paresthesias radiating into the left lateral thigh. The lumbar MRI scan was reviewed and there is degenerative changes and mild disc pathology but reports mild facet arthropathy on 1/26/15. Per the doctor's note dated 3/12/15 patient had

complaints of back pain radiating to thigh with paresthesias. And as per the cited guidelines for the requested procedure, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. There is evidence of possibility of radiculopathy. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. In addition as per the cited guidelines: No more than 2 joint levels may be blocked at any one time and this is a request for Bilateral Lumbar L3, L4, L5 medial branch blocks. The medical necessity of the request for Bilateral Lumbar L3, L4, L5 medial branch blocks is not medically necessary in this patient.