

<b>Case Number:</b>	CM14-0006960		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40-year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of June 21, 2013. The review of progress notes indicate intermittent leg pain; improved spasm, back pain, and spine mobility; and decreased intake of medications with physical therapy and acupuncture. Findings include very mild right-sided sciatica, and decreased but improved spine mobility without spasms. MRI of the lumbar spine dated October 2, 2013 showed disc protrusion with mild canal stenosis at L4-5, and bilateral neuroforaminal narrowing at L4-5 and L5-S1. Treatment to date has included physical therapy, home exercises, acupuncture, nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, and transcutaneous electrical nerve stimulation (TENS). The utilization review from December 20, 2013 denied the requests for a urine drug screen (DOS: 11/15/13) as there is no need to obtain a urine drug screen on nearly every visit as there is no history or risk factor for drug abuse. Reasons for denial for lumbar epidural steroid injection for the left side, pain management referral, 8 sessions of acupuncture, and 30 days rental of pro-stim 5.0 unit were not submitted

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE URINE DRUG SCREEN FOR DOS 11/15/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess use or presence of illegal drugs and as ongoing management for continued opioid use. The patient has had urine drug screens in September and October 2013, which was inconsistent as it was negative for all substances. There is no indication to suspect aberrant drug use behavior in this patient to support the request for another urine drug screen. Therefore, the retrospective request is not medically necessary.

**LUMBAR EPIDURAL STEROID INJECTION FOR THE LEFT SIDE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS, 46 Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. In this case, the patient presents with improvement of lumbar radiculopathysymptoms, and examination findings showed mild right-sided sciatica, not the left. Also, the request did not indicate the specific level of lumbar epidural steroid injection. Therefore, the request is not medically necessary.

**PAIN MANAGEMENT REFERRAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, Page 127 and 156.

**Decision rationale:** Guidelines state that occupational health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has been consistently improving with regards to the symptoms of the low back and lower extremities with acupuncture and physical therapy. There is no indication for a pain management referral at this time. Therefore, the request is not medically necessary.

**EIGHT (8) SESSIONS OF ACUPUNCTURE:** 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 ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, and the Restoration of Function, Page 114.

**Decision rationale:** As noted on page 114 of the CA MTUS ACOEM Guidelines, they stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the patient has had previous acupuncture sessions, with improvement in symptoms and decrease in medication intake. However, there is no documentation as to how many sessions the patient has had, and the functional goals of these additional sessions. Also, the body part to which these sessions are directed to is not indicated. Therefore, the request for 8 sessions of acupuncture was not medically necessary.

**THIRTY (30) DAYS RENTAL OF PRO-STIM 5.0 UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** Pro-Stim 5.0 includes TENS, interferential (IF), and neuromuscular electrical stimulation (NMES) components. As stated in the guidelines, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria includes chronic intractable pain (at least 3 months duration), evidence of failure of other appropriate pain modalities, and treatment plan including specific short and long-term goals of treatment. Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. Additionally, guidelines state that NMES is not recommended, and that it is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use for chronic pain. There is no indication for the use of a combination unit, and NMES is not recommended. Therefore, the request is not medically necessary.