

Case Number:	CM14-0003389		
Date Assigned:	01/31/2014	Date of Injury:	01/31/2012
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 50-year-old worker that reported an injury on January 31, 2012. The mechanism of injury was a fall from 12 feet off a ladder. Per the clinical note dated January 20, 2014 the injured worker reported low back pain at 2/10 with intermittent tingling to bilateral thighs. Per the physical exam the pain radiates to bilateral buttocks and posterior thighs. There was a positive Fabere's reported bilaterally and a positive straight leg raise on the right. Bilateral reflexes were 2+ and sensation to touch, pin and vibration were normal. The diagnoses reported for the injured worker included lumbar IVD syndrome, lumbosacral radiculitis, and lumbosacral or sacroiliac pain. An MRI of the hips dated December 22, 2013 reported no evidence of avascular necrosis, stress injury, or joint effusion. Per the clinical note dated October 31, 2013 the injured worker had been to physical therapy which was not effective. The MRI of the lumbar spine dated July 19, 2013 reported advanced degenerative discopathy at L4-L5 and L5-S1. There is a small left paracentral annular defect with subligamentous disc protrusion at L4-L5 and a far right lateral disc osteophyte complex at L5-S1. However, there is no apparent significant encroachment on the spinal cord or neural foramina. There was also reported to be heavy multilevel facet arthropathy. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC THERAPY FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MANUAL THERAPY AND MANIPULATION, 58

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation are recommended for and is widely used in the treatment of musculoskeletal pain and chronic pain if caused by musculoskeletal conditions. Manual Medicine is the achievement of positive measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Guidelines for the low back recommend a trial of six visits over two weeks. With evidence of objective functional improvement additional visits can be approved up to a total of eighteen visits over six to eight weeks. There is a lack of documentation that the injured worker had previously completed any chiropractic sessions. The guidelines recommend a trial of six visits over two weeks with re-evaluation of improvement. The request for eight sessions of chiropractic therapy for the lumbar spine is not medically necessary or appropriate.

RIGHT L5-S1 LUMBAR EPIDURAL STEROID PARAMEDIAN BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS, 46

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program: however, there is little information on improved function. Per the guidelines criteria for use include radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and documentation of initial unresponsiveness to conservative treatment. The injured worker had attended physical therapy without improvement; however, the clinical note dated October 31, 2013 stated the epidural steroid injection would be requested if the chiropractic treatment failed. There is a lack of documentation that the chiropractic care has failed to improve the injured worker's pain or functional level. In addition, the electrodiagnostic testing dated November 18, 2013 showed no evidence of acute or chronic lumbar radiculopathy related to the lumbar spine. The request for right L5-S1 lumbar epidural steroid paramedian block is not medically necessary or appropriate.

CONSULT PAIN PSYCHOLOGY SCREENING UP TO SIX VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , PSYCHOLOGICAL EVALUATIONS, 100-101

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There was a lack of documentation establishing any subjective complaints of anxiety or depression reported by the injured worker. In addition, the injured worker reported good benefit from the current medications prescribed for his pain. The request for pain psychology screening consult, up to six visits, is not medically necessary or appropriate.