

Case Number:	CM15-0007160		
Date Assigned:	01/26/2015	Date of Injury:	08/16/2014
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 15, 2014. In a Utilization Review Report dated January 7, 2015, the claims administrator approved a request for electrodiagnostic testing of the bilateral lower extremities, denied a lumbar MRI, partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of chiropractic manipulative therapy, denied a request for six sessions of acupuncture, and denied a request for Lidoderm patches. The claims administrator referenced a progress note of December 2, 2014 in its determination. The claims administrator also referenced the MTUS Chronic Pain Medical Treatment Guidelines, although this did not appear to a chronic pain case. The claims administrator denied the request for acupuncture on the grounds that the attending provider was concurrently seeking manipulative therapy. The claims administrator invoked non-MTUS ODG guidelines to deny the request for lumbar MRI imaging, again despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant reported persistent complaints of low back pain. The applicant acknowledged that he was not working. 7-8/10 low back pain was noted, without radiation of pain to either lower extremity. The applicant stated that he had developed heartburn with previously prescribed medications. The applicant exhibited intact cranial nerve testing. 5/5 bilateral lower extremity strength was noted with hyposensorium appreciated about the right leg. A rather proscriptive 10-pound lifting limitation was endorsed. The attending provider suggested that the applicant employ Lidoderm patches owing to previous issues with dyspepsia. Electrodiagnostic testing of

the bilateral lower extremities and lumbar MRI imaging were endorsed, along with 12 sessions of chiropractic manipulative therapy. The specialty of the requesting provider was not provided, although it appeared that the requesting provider was a pain management physician. In an earlier note dated October 20, 2014, a chiropractic manipulative therapy was endorsed. Lumbar MRI imaging of September 30, 2014 was notable for mild degenerative disease from L3-L4 to L5-S1. Multilevel facet degenerative disk disease was also appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The request in question was initiated by a pain management physician/physiatrist as opposed to a spine surgeon, reducing the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering surgical intervention based on the outcome of the same. The applicant, furthermore, presented on December 2, 2014, reporting the absence of any lower extremity radicular complaints. 5/5 lower extremity strength was appreciated. All of the foregoing, taken together, strongly suggested that the applicant was not in fact intent on pursuing any kind of surgical intervention based on the outcome of the proposed lumbar MRI. Therefore, the request is not medically necessary.

12 visits of chiropractic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The request in question represents a renewal request for chiropractic manipulative therapy, as the applicant had previously received chiropractic manipulative therapy in October and November 2014, it was suggested. As noted in the MTUS Guideline in ACOEM Chapter 12, page 299, manipulation should be stopped in applicants in whom manipulation fails to bring improvement in three to four weeks. Here, the attending provider acknowledged on December 2, 2014 that the applicant was no longer working and had not worked since the date of injury, strongly suggesting a lack of functional improvement as defined in MTUS 9792.20f,

despite completion of earlier unspecified amounts of chiropractic manipulative therapy in October and November 2014. Therefore, the request for 12 additional sessions of chiropractic manipulative therapy was not medically necessary. Since this was not a chronic pain case as of the date of the request, December 2, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.

6 sessions of acupuncture: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does seemingly represent a first-time request for acupuncture. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture can be employed for a wide variety of purposes, including to reduce pain, reduce inflammation, increase blood flow, increase range of motion, promote relaxation, reduce muscle spasm, treat inflammation, etc. The first-time request for six sessions of acupuncture did conform to the three to six treatments deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. Therefore, the request was medically necessary.

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as Lidoderm, as a class, are deemed "not recommended." In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction of the Lidoderm patches at issue on or around the date in question, December 2, 2014. While the attending provider suggested that the applicant had developed dyspepsia in response to usage of an unspecified prior medication, the attending provider did not, however, establish evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceutical so as to justify introduction, selection, and/or ongoing usage of topical medications such as Lidoderm which are, per ACOEM Chapter 3, Table 3-1, page 49: "Not recommended." Since this was not a chronic pain case as of the date of the request, December 2, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.