

Case Number:	CM15-0141761		
Date Assigned:	07/31/2015	Date of Injury:	11/15/2010
Decision Date:	09/17/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female who sustained an industrial injury on 11-15-10. She had complaints of lower back pain. Treatments include medication, chiropractic care, physical therapy, injections and surgery. Progress report dated 6-29-15 reports continued complaints of low back pain that radiates down the left leg stopping at her toes for the last 5 years. She has a new onset of right sided low back pain with radicular pain down the right buttocks. Weakness noted, left is greater than the right. Past chiropractic treatment provided excellent pain relief for flare ups and last lumbar epidural steroid injection administered in 2013 provided excellent pain relief. On 7-23-12, she underwent a lumbar microdiscectomy. Currently the pain is described as sharp, cutting, dull, aching, shooting, electric like, and burning. The pain is aggravated by prolonged standing and sitting. The pain is relieved by resting, lying down and taking medication. She can only lift items weighing less than 20 pounds. Diagnoses include: lumbar radiculopathy and spinal lumbar degenerative disc disease. Plan of care includes: refer for surgical consult for the lumbar spine based on MRI findings, request lumbar epidural steroid injections on left to address back and radicular symptoms, request liver and kidney function panel, request 6 sessions of physical therapy 2 times per week for 3 weeks for post lumbar epidural steroid injections, request 4 sessions of chiropractic therapy that entails soft tissue techniques and no manipulation, consideration for medial branch block, consider SI joint injection in the future, CURES ran consistent with report, continue Vicodin 5-300 mg half to 1 daily as needed and consider neurontin for the future. Work status: currently working full time. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for surgical consult of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: Regarding the request for surgical consultation, CA MTUS and ACOEM cite that referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and Failure of conservative treatment to resolve disabling radicular symptoms. Within the documentation available for review, the provider notes that the surgical consultation is requested due to the patient's MRI findings, but there is no documentation of the patient's MRI findings/report. In light of the above issues, the currently requested surgical consultation is not medically necessary.

TFLESI at L4 & L5 to address back and radicular symptoms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no clinical and imaging and/or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

6 sessions of PT for post LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: Regarding the request for physical therapy, it is noted that the request is for treatment to follow a lumbar ESI. The ESI has been considered not medically necessary. Therefore, the PT is also not medically necessary.

4 sessions of Chiropractic Therapy that entails soft tissue techniques and no manipulation:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.