

Case Number:	CM15-0021022		
Date Assigned:	02/10/2015	Date of Injury:	04/06/2013
Decision Date:	03/31/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/03/2015

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 51-year-old [REDACTED] Company beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 6, 2013. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for lumbar support and a cervical epidural steroid injection. The claims administrator referenced progress notes of November 12, 2014 and December 11, 2014 in its determination. Overall rationale was sparse; however, the claims administrator suggested that the applicant did not have clear electrodiagnostic evidence of radiculopathy. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant's primary treating provider (PTP), a chiropractor (DC), placed the applicant off of work, on total temporary disability, owing to severe complaints of neck, low back, and shoulder pain, 8/10. The applicant did report some radiation of low back pain to left leg. Shoulder arthroscopy, cervical epidural steroid injection, and lumbar spine support were endorsed, while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: 1. No, the proposed lumbar spine support was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly well outside of the acute phase of symptom relief as of the date of the request, December 11, 2014, following an industrial injury of March 26, 2013, introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

Cervical spine Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Pain Management guidelines page 46; Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: 2. Similarly, the request for cervical epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that evidence of radiculopathy should be electrodiagnostically and/or radiographically confirmed. Here, the December 11, 2014 progress note and associated RFA form made no mention of the applicant's having a radiographically or electrodiagnostically confirmed cervical radiculopathy. It was not, furthermore, clearly stated whether the request was a first-time request or a repeat request for epidural steroid injection therapy. Therefore, the request was not medically necessary.