MAXIMUS Federal Services

Case Number:	CM15-0022801		
Date Assigned:	02/12/2015	Date of Injury:	07/05/2013
Decision Date:	03/26/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 injured worker is a 37 year old male who sustained an industrial injury on 7/5/13. The injured worker reported symptoms in the back. The diagnoses included L4-5 disc herniation, right paracentral, with severe lateral recess stenosis, L5-S1 disc displacement with moderate lateral recess stenosis and L4-S1 facet arthropathy/disc degeneration. Treatments to date include medial branch blocks from L4-S1 bilaterally on 11/24/14, nonsteroidal anti-inflammatory drugs, and oral muscle relaxants. In a progress note dated 12/4/14 the treating provider reports the injured worker "continues to have lower back pain...palpable tenderness of the paravertebral muscles, bilaterally...".On 1/29/15 Utilization Review non-certified the request for pain management consultation, quantity of 1, bilateral selective nerve root block at L5 and S1 and Chiropractic treatment 2 times a week for 3 weeks, quantity of 6 sessions. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines:Chapter 7, Independent Medical Evaluations and Consultations, Page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Assessing red flag conditions,Chronic Pain Treatment Guidelines page 1,Part 1: Introduction Page(s): 1.

Decision rationale: The requested Pain management consultation, quantity: 1 , is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM),2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with physical exam evidence of severe neurologic compromised that correlates with the medical history and test results; and California Medical Treatment Utilization Schedule(MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary."The treating physician has documented that the injured worker "continues to have lower back pain...palpable tenderness of the paravertebral muscles, bilaterally...". The treating physician has not documented what is expected from the requested consult. There is also insufficient documentation of the medical necessity for a selective nerve block. The criteria noted above not having been met, Pain management consultation, quantity: 1 is not medically necessary.

Bilateral selective nerve root block at L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The requested Bilateral selective nerve root block at L5 and S1, is not medically necessary. California s Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy ,after failed therapy trials; and note in regard to repeat injections: In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4blocks per region per year. The treating physician has documented that the injured worker "continues to have lower back pain...palpable tenderness of the paravertebral muscles, bilaterally...". The treating physician has not documented the percentage and duration of relief from previous injections, nor the medical necessity for a third injection. The criteria noted above not having been met, bilateral selective nerve root block at L5 and S1 is not medically necessary.

Chiropractic treatment 2 times a week for 3 weeks, quantity: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-60 Page(s): 58-60.

Decision rationale: The requested Chiropractic treatment 2 times a week for 3 weeks, quantity: 6 sessions, is medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-60, recommend continued chiropractic therapy with documented derived functional improvement. The treating physician has documented that the injured worker "continues to have lower back pain...palpable tenderness of the paravertebral muscles, bilaterally...". The treating physician has documented sufficient residual symptoms and exam findings to establish the medical necessity for a trial of chiropractic. The criteria noted above having been met, chiropractic treatment 2 times a week for 3 weeks, quantity: 6 sessions is medically necessary.