

Case Number:	CM15-0210956		
Date Assigned:	10/29/2015	Date of Injury:	11/10/2014
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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

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 60 year old male who sustained an industrial injury on (11-10-14). The injured worker reported pain in the left buttocks with radiation to the lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for L4-5 stenosis; Left L4-5 extruded disc herniation, left leg radiculopathy. Medical records dated 9-21-15 indicate pain rated at 6-7 out of 10. Provider documentation dated 9-21-15 noted the work status as temporary totally disabled. Treatment has included chiropractic treatments, physical therapy, Percodan since at least July of 2015, Tizanidine since at least July of 2015, Gabapentin since at least July of 2015, Meloxicam since at least July of 2015, Oxycodone-aspirin since at least July of 2015, Hydrocodone-aspirin since at least July of 2015, lumbar spine magnetic resonance imaging (7-7-15) and status post L5 laminectomy and discectomy (1994). Objective findings dated 9-21-15 were notable for bilateral sacroiliac joint tenderness. The original utilization review (10-1-15) denied a request for Chiropractic therapy 2 x 3, Physical therapy 2 x 3 lumbar spine and Medrol dose pack #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The patient presents with constant left buttocks pain, radiating down the lateral thigh through the calf to the lateral ankle and foot. The request is for CHIROPRACTIC THERAPY 2 X 3. The request for authorization form is dated 09/21/15. MRI of the lumbar spine, 07/07/15, shows status post posterior decompression at L5/S1, evidenced by bilateral laminectomies and expected post surgical changes in the posterior soft tissue at that level; diffuse discogenic degenerative disease, moderate at L3/L4, severe at L4/L5; at L4/L5, large disc bulge with a superimposed left posteroinferior disc extrusion, which causes severe bilateral neuroforaminal narrowing, moderate spinal canal stenosis, and directly abuts the descending left L5 nerve root. Patient's diagnoses include L4-5 stenosis; left L4-5 extruded disc herniation; left leg radiculopathy; anxiety; status post L5 laminectomy and discectomy, 1994, non-industrial; hypertension. Physical examination of the lumbar spine reveals a well healed mid line lumbar spine incision. In palpation there is no palpable tenderness of the paravertebral muscles, bilaterally. There is no evidence of tenderness over the sacroiliac joints, bilaterally. Patient's medications include Medrol Dose Pack, Vimovo, and Xanax. Per progress report dated 09/21/15, the patient is temporary totally disabled. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Per progress report dated 09/21/15, treater's reason for the request is "he was improving with therapy." Given the patient's condition, a short course of Chiropractic Therapy would be appropriate. Review of provided medical records show prior Chiropractic Therapy visits. Per progress report dated 05/11/15, treater notes, "TREATMENT PLAN: Patient is scheduled for 9 additional treatments to relieve symptoms and to increase flexibility and straight. Treatments should include chiropractic adjustments to the upper back and non-force treatments to the low back." MTUS allows a trial of 6 visits over 2 weeks with functional improvement for additional visits. However, other than a general statement of "improving," treater does not provide discussion regarding evidence of objective functional improvement with prior Chiropractic Therapy visits. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Physical therapy 2 x 3 lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with constant left buttocks pain, radiating down the lateral thigh through the calf to the lateral ankle and foot. The request is for PHYSICAL THERAPY 2 X 3 LUMBAR SPINE. The request for authorization form is dated 09/21/15. MRI of the lumbar spine, 07/07/15, shows status post posterior decompression at L5/S1, evidenced by bilateral laminectomies and expected post surgical changes in the posterior soft tissue at that level; diffuse discogenic degenerative disease, moderate at L3/L4, severe at L4/L5; at L4/L5, large disc bulge with a superimposed left posteroinferior disc extrusion, which causes severe bilateral neuroforaminal narrowing, moderate spinal canal stenosis, and directly abuts the descending left L5 nerve root. Patient's diagnoses include L4-5 stenosis; left L4-5 extruded disc herniation; left leg radiculopathy; anxiety; status post L5 laminectomy and discectomy, 1994, non-industrial; hypertension. Physical examination of the lumbar spine reveals a well healed mid line lumbar spine incision. In palpation there is no palpable tenderness of the paravertebral muscles, bilaterally. There is no evidence of tenderness over the sacroiliac joints, bilaterally. Patient's medications include Medrol Dose Pack, Vimovo, and Xanax. Per progress report dated 09/21/15, the patient is temporary totally disabled. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 09/21/15, treater's reason for the request is "he was improving with therapy." Given the patient's condition, a short course of Physical Therapy would appear to be indicated. Review of provided medical records show the patient attended 4 prior sessions of Physical Therapy. In this case, the request for 6 additional sessions of Physical Therapy is within MTUS guidelines for non post-op conditions. Therefore, the request IS medically necessary.

Medrol dose pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Medrol dose pack.

Decision rationale: The patient presents with constant left buttocks pain, radiating down the lateral thigh through the calf to the lateral ankle and foot. The request is for MEDROL DOSE PACK #1. The request for authorization form is dated 09/21/15. MRI of the lumbar spine, 07/07/15, shows status post posterior decompression at L5/S1, evidenced by bilateral laminectomies and expected post surgical changes in the posterior soft tissue at that level; diffuse discogenic degenerative disease, moderate at L3/L4, severe at L4/L5; at L4/L5, large disc bulge with a superimposed left posteroinferior disc extrusion, which causes severe bilateral neuroforaminal narrowing, moderate spinal canal stenosis, and directly abuts the descending left L5 nerve root. Patient's diagnoses include L4-5 stenosis; left L4-5 extruded disc herniation; left leg radiculopathy; anxiety; status post L5 laminectomy and discectomy, 1994, non-industrial; hypertension. Physical examination of the lumbar spine reveals a well healed mid line lumbar

spine incision. In palpation there is no palpable tenderness of the paravertebral muscles, bilaterally. There is no evidence of tenderness over the sacroiliac joints, bilaterally. Sensory to light touch and pinprick is intact in the bilateral lower extremities. Straight leg raise is negative bilaterally. Sacroiliac joint provocative testings are negative. Patient's medications include Medrol Dose Pack, Vimovo, and Xanax. Per progress report dated 09/21/15, the patient is temporary totally disabled. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter under Medrol dose pack - See Corticosteroids (oral/parenteral/IM for low back pain) Section states, "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain." Per report 09/21/15, treater's reason for the request is "in an attempt to avoid surgery." Prescription history for Medrol Dose Pack is not provided to determine when this medication was initiated. ODG guidelines support Medrol Dose Pack for acute radicular pain, provided several criteria are satisfied. In this case, although patient has a diagnosis of radiculopathy, physical exam findings do not indicate neurological deficit in the lower extremities. Furthermore, guidelines indicate the use of Medrol Dose Pack for patients in acute pain, and this patient suffers from chronic symptoms. Therefore, the request IS NOT medically necessary.