

Case Number:	CM15-0214120		
Date Assigned:	11/04/2015	Date of Injury:	04/17/2008
Decision Date:	12/22/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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, New York, 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] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 17, 2008. In a Utilization Review report dated October 2, 2015, the claims administrator partially approved a request for 12 sessions of chiropractor manipulative therapy and 6 sessions of the same while failing to approve a request for trigger point injection therapy. The claims administrator referenced a September 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 20, 2015, 12 sessions of manipulative therapy and the trigger point injections in the question were sought. On an associated progress note dated September 15, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing issues with low back and mid back pain radiating to the right leg. Ancillary complaints of neck pain were reported. The applicant was given various diagnoses including those of myofascitis and radiculitis, the treating provider reported. Trigger point injection therapy and manipulative therapy were sought. The applicant's work status was not clearly reported, although it did not appear that the applicant was working. On an earlier note dated August 12, 2015, the applicant was described as using Norco, Neurontin, Atarax, and tizanidine. 12 sessions of physical therapy was endorsed on that date. Several of the aforementioned medications were renewed. The applicant was described as severely obese, with a BMI of 40, the treating provider reported. Once again, the applicant's work status was not clearly reported. The applicant was described as obtaining operating diagnoses of lumbar and cervical radiculopathy, the treating provider acknowledged in several sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2 times a week for 6 weeks, 12 visits: 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: No, the request for 12 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant work status was not clearly reported on office visits of August 12, 2015 and September 15, 2015, suggesting the applicant was not, in fact, working. Therefore, the request was not medically necessary.

Trigger point injection x 1 to right side of lumbar spine (L/S): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Similarly, the request for a trigger point injection was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain, as was seemingly present here on the dates in question, September 15, 2015 and August 12, 2015. The applicant was given a diagnosis of radiculitis on September 15, 2015 and a diagnosis of lumbosacral radiculopathy on August 12, 2015. A trigger point injection therapy was not, thus, indicated in the radicular pain context present here, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.