

Case Number:	CM15-0051324		
Date Assigned:	03/24/2015	Date of Injury:	01/30/2013
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/18/2015

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, Washington

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 39-year-old male who reported an injury on 01/30/2013. The mechanism of injury was the injured worker was lifting a box off of a shelf while standing on a stepstool. Prior therapies included medication, physical therapy, activity modification, and an epidural steroid injection on 12/21/2013. The documentation of 01/29/2015 revealed the injured worker underwent a urine drug screen. The injured worker had complaints of ongoing low back pain with radiation to the bilateral lower extremities, predominantly on the right. The diagnoses included lumbar disc herniation with annular tears, lumbar sprain with bilateral radiculopathy, and right L5 lumbar spine radiculopathy. The treatment plan included a refill of pain medications and muscle relaxants. There were multiple Requests for Authorizations submitted for review dated 02/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (TFESI) with fluoroscopy at L4-L5, L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% pain relief for 6 to 8 weeks. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation of an objective decrease in pain medications for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone an epidural steroid injection. There was a lack of documentation of the duration of pain relief from the prior injection. There was a lack of documentation of objective functional improvement and documentation of a decrease in pain medications for 6 to 8 weeks. Given the above, the request for transforaminal epidural steroid injection (TFESI) with fluoroscopy at L4-L5, L5-S1 is not medically necessary.

Chiropractic evaluation and treatment 1x6 (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The clinical documentation submitted for review indicated the injured worker had pain. However, there was a lack of documentation of objective findings and physician documentation with the exception of the Request for Authorization submitted for review to support the necessity for manipulation. The request as submitted failed to indicate the body part to be treated with manipulation. Given the above, the request for chiropractic evaluation and treatment 1x6 (6 visits) is not medically necessary.

Acupuncture 2x6 (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request for 12 sessions of acupuncture would be excessive. The request as submitted failed to indicate the body part to be treated with the acupuncture. Given the above and the lack of documentation, the request for acupuncture 2x6 (12 visits) is not medically necessary.

Physical therapy 2x10 (20 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. There was a lack of documentation indicating the objective functional benefit that was received from prior therapy. There was a lack of documentation of remaining objective functional deficits. There was a lack of documentation indicating a necessity for 20 visits, which exceeds guideline recommendations. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for physical therapy 2x10 (20 visits) is not medically necessary.