

Case Number:	CM15-0066950		
Date Assigned:	04/14/2015	Date of Injury:	03/14/2013
Decision Date:	09/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/08/2015

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 35-year-old who has filed a claim for chronic low back, foot, ankle, and mid back pain reportedly associated with an industrial injury of March 14, 2013. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve requests for a lumbar epidural steroid injection, extracorporeal shockwave therapy, and acupuncture. The claims administrator referenced a March 17, 2015 RFA form and an associated progress note of the same date in its determination. Non-MTUS-ODG guidelines on extracorporeal shockwave therapy for the foot and ankle were invoked, despite the fact that the MTUS addressed the topic. The claims administrator contended that the applicant did not have issues with plantar fasciitis which would have made the case for extracorporeal shockwave therapy. The claims administrator framed the request for an epidural steroid injection as a repeat request. The claims administrator likewise framed the request for acupuncture as a renewal or extension request. In a handwritten note dated April 21, 2015, extracorporeal shockwave therapy of the ankle, a lumbar epidural steroid injection, a pain management consultation, a psychiatric consultation, an internal medicine consultation, and multiple orthopedic consultations were sought in conjunction with 12 sessions of physical therapy. The applicant was placed off of work, on total temporary disability. The note was very difficult to follow and comprised, in large part, of preprinted checkboxes. Multifocal complaints of upper back, lower back, foot, and ankle pain were reported. The applicant was given diagnoses of foot strain, lumbar spine pain, and thoracic spine pain. On March 30, 2015, ongoing complaints of low back pain radiating to the right leg were reported. Epidural steroid injection therapy and 12 sessions of physical therapy were sought. In a February

15, 2015 medical-legal evaluation, it was acknowledged that the applicant had "not worked in years". Multifocal 8/10 pain complaints were noted. The applicant was using Neurontin, Flexeril, and possible other unspecified medications. The applicant reported difficulty performing activities as basic as cooking, feeding himself, sleeping, brushing his teeth, driving, bathing, showering, dressing, gripping, grasping, lifting, and carrying, it was reported. The medical-legal evaluator reported that the applicant had had "every other conceivable treatment" other than surgical intervention. It was stated that earlier epidural steroid injection therapy, acupuncture, and chiropractic manipulative therapy had not helped.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections.

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

Decision rationale: No, the request for a lumbar epidural injection is not medically necessary, medically appropriate, or indicated here. The request in fact represented a repeat epidural steroid injection, a medical-legal evaluator reported on February 15, 2015. The medical-legal evaluator stated that previous epidural steroid injection therapy had proven unsuccessful. The applicant remained off of work, the medical-legal evaluator noted on February 15, 2015 and had reportedly not worked in years. A handwritten clinical progress note of April 21, 2015 likewise noted that the claimant remained off of work, on total temporary disability, as of that date. The medical-legal evaluator stated on February 15, 2015 that the applicant was having difficulty performing activities as basic as standing, walking, gripping, grasping, lifting, and negotiating stairs. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior lumbar epidural injection. Therefore, the request is not medically necessary.

Shockwave therapy once a week for 3 weeks for the right ankle: 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), Criteria for the use of Extracorporeal Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: Similarly, the request for extracorporeal shockwave therapy for the ankle was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 376 does acknowledge that extracorporeal shockwave therapy for plantar fasciitis is deemed "optional," here, however, it was not clearly

established that plantar fasciitis was, in fact, the operating diagnosis. The attending provider's handwritten progress note of April 21, 2015 on which the ESWT was sought made no mention of the applicant's carrying a diagnosis of plantar fasciitis but, rather, stated that the applicant had issues with unspecified foot and ankle pain. Therefore, the request is not medically necessary.

Acupuncture 2 times a week for 6 weeks for the thoracic spine, lumbar spine, and right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for acupuncture. A medical-legal evaluator reported on February 15, 2015 that the applicant had had "every conceivable treatment" including earlier manipulative therapy and acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the applicant's failure to return to work and continued dependence on a variety of analgesic and adjuvant medications such as Neurontin, Flexeril, etc., taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request is not medically necessary.