

Case Number:	CM15-0084486		
Date Assigned:	05/06/2015	Date of Injury:	04/15/2013
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/02/2015

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 39-year-old who has filed a claim for chronic back pain, wrist pain, thigh pain, knee pain, and low back pain reportedly associated with an industrial injury of April 15, 2013. In a utilization review report dated April 20, 2015, the claims administrator failed to approve requests for a lumbar facet injection, unspecified amounts of chiropractic manipulative therapy, unspecified amounts of acupuncture, and an orthopedic knee surgery consultation. The claims administrator referenced a progress note and associated RFA form of April 7, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form of April 7, 2015, 12 sessions of manipulative therapy and 12 sessions of acupuncture were sought. In an associated handwritten progress note of the same date, April 7, 2015, an orthopedic knee surgery consultation, an orthopedic spine surgery consultation, an orthopedic wrist surgery consultation, a urology consultation, an internal medicine consultation, a sleep study, and a pain management consultation were sought. A PENS unit was also proposed, along with lumbar facet injections. The note comprised, largely, of preprinted check boxes, with little to no narrative commentary. The applicant was apparently placed off work, on total temporary disability, for an additional six weeks. The applicant did have complaints of low back pain radiating to the left ankle and left thigh with hyposensorium about the left leg appreciated on exam, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injection: 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, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 309.

Decision rationale: No, the request for a lumbar facet injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, i.e., the article at issue, are deemed "not recommended" in the evaluation and management of applicants with low back pain complaints, as were/are present here. It is further noted that the applicant's presentation on or around the date in question, April 7, 2015, was suggestive of an active lumbar radiculopathy. The applicant complained of low back pain radiating to the left leg. Dysesthesias on exam were appreciated. The request, thus, is not indicated both owing to the (a) unfavorable ACOEM position on the article at issue and (b) based on the fact that the applicant did not appear to have bona fide facetogenic pain for which a facet joint injection in question could be considered. Therefore, the request was not medically necessary.

Chiropractic sessions (cervical, lumbar, thoracic, bilateral wrists/knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation page(s): 58-59.

Decision rationale: Similarly, the request for unspecified amounts of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's handwritten note of April 7, 2015 framed the request as a renewal or extension request for acupuncture. 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 was off of work, on total temporary disability, as of the date of the request, April 7, 2015. Additional manipulative therapy was not, thus, indicated in the clinical context present here. Therefore, the request was not medically necessary.

Acupuncture sessions (cervical, lumbar, thoracic, bilateral wrists/knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for unspecified amounts of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the request was framed as a renewal or extension request for 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 9792.20(e), here, however, the applicant was off of work, on total temporary disability, as of the April 7, 2015 office visit on which additional acupuncture was proposed, suggesting a lack of functional improvement as defined in MTUS 9792.20(e). Therefore, the request was not medically necessary.

Consultation with an orthopedist (left knee): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints page(s): 343.

Decision rationale: Finally, the request for a consultation with an orthopedist for the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 343, referral for surgical consultation may be indicated for applicants who have activity limitations for more than one month, in whom exercise programs have failed to increase range of motion and strength of the musculature around the knee. Here, the applicant was off work, on total temporary disability, as of the date of the request, April 7, 2015. Exercise programs, physical therapy, manipulative therapy, acupuncture, medications, etc., had clearly proven unsuccessful. Obtaining the added expertise of an orthopedic knee surgeon to determine the suitability of other treatments was, thus, indicated. Therefore, the request was medically necessary.