

Case Number:	CM14-0211479		
Date Assigned:	12/24/2014	Date of Injury:	10/30/2012
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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, Ohio, 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] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of October 30, 2012. In a Utilization Review Report dated December 2, 2014, the claims administrator approved a request for Norco, approved a request for Flexeril, denied two epidural steroid injections, and partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of the same. The claims administrator referenced an October 16, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On June 18, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. Ancillary complaints of right shoulder and right hip pain were noted. 8-9/10 pain was evident. The applicant had had earlier chiropractic manipulative therapy and was pending further manipulative therapy, the treating provider noted. Norco, Flexeril, and a TENS unit were endorsed. The applicant had reportedly retired, it was suggested, and was no longer working. On July 30, 2014, the applicant was again asked to try chiropractic manipulative therapy. Norco and Flexeril were also continued. The applicant was reportedly considering epidural steroid injection therapy, it was noted. In a progress note dated October 6, 2014, the attending provider sought authorization for two consecutive lumbar epidural steroid injections, reportedly a function of lumbar spinal stenosis, radiographically confirmed. The attending provider emphatically stated that he was seeking authorization for a lumbar epidural steroid injection series. Further chiropractic manipulative therapy, Norco, and Flexeril were endorsed. 8-9/10 pain was again evident. The treating provider stated that the applicant's pain was severe without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L5-S1 bilaterally QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the request for a series of two lumbar epidural steroid injections, thus, runs counter to the philosophy espoused on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Chiropractic therapy, twice weekly, lumbar spine QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic. Page(s): 59-60.

Decision rationale: 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, in this case, however, the applicant was/is off of work, although it is acknowledged that this may very well be a function of age (64) as opposed to a function of the applicants chronic pain complaints. Nevertheless, the attending provider has failed to outline any material or meaningful improvements in function achieved as a result of earlier unspecified amounts of chiropractic manipulative therapy. The applicant continues to report severe 8-9/10 low back pain. The applicant remains dependent on opioid agents such as Norco and non-opioid agents such as Flexeril. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of chiropractic manipulative therapy in 2014 alone. Therefore, the request for 12 additional sessions of chiropractic manipulative therapy was not medically necessary.