

Case Number:	CM15-0170590		
Date Assigned:	09/11/2015	Date of Injury:	10/23/2013
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60-year-old male with a date of injury on 10-23-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis, lumbar radiculopathy and degenerative joint disease. According to the progress report dated 8-4-2015, the injured worker complained of lumbar pain radiating down the left leg to the toes. He reported tingling in the left leg. The injured worker reported having epidural injections in the past with relief. Per the treating physician (8-4-2015), the injured worker was temporarily totally disabled. The physical exam (8-4-2015) revealed an antalgic gait. Bilateral straight leg raise was about 45 degrees. There was lumbar tenderness on light palpation. Treatment has included physical therapy, lumbar epidural steroid injection (March 2014, which helped for about two weeks per the 3-30-2015 progress report) and medications (Naproxen and Gabapentin). The original Utilization Review (UR) (8-20-2015) modified a request for chiropractic physical rehabilitation from 2x6 lumbar to 2x3. UR denied a request for referral to neurology for an epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physical rehabilitation 2 x 6 for lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result, additional chiropractor therapy is not necessary. In this case, the claimant has chronic back pain. There is continued pain, decreased range of motion and radicular signs despite undergoing physical therapy. The request for 12 sessions of chiropractor therapy is medically necessary.

Referral to neurology for an epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, repeat ESI should be provided in those with radiculopathy if prior ESI provided 50% sustained relief. IN this case, the claimant had 2 weeks of benefit from an ESI in Sept 2014. The ACOEM guidelines do not support ESI due to their short-term benefit. As a result, the request for an additional ESI of the lumbar spine is not medically necessary and the neurological consultation is therefore not medically necessary.