MAXIMUS Federal Services

Case Number:	CM15-0170761		
Date Assigned:	09/11/2015	Date of Injury:	03/06/2000
Decision Date:	10/15/2015	UR Denial Date:	08/25/2015
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: 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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2000. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for 12 sessions of massage therapy, a lumbar epidural steroid injection under fluoroscopic guidance, and sedation to be administered during said lumbar epidural steroid injection. The claims administrator referenced an August 18, 2015 progress note in its determination. The applicant personally appealed. In a letter dated August 31, 2015, the applicant stated that she was in severe pain which could not be adequately managed without an epidural steroid injection and/or massage therapy. The applicant did not state whether she was or was not working. The applicant contended that she was in severe pain. On August 18, 2015, the applicant reported ongoing complaints of low back pain. The applicant stated that her condition was worsening over time. 6-10/10 pain complaints were reported. The applicant was described as working full time in one section of the note. The applicant reported issues with frustration. The applicant was up and out of bed on a daily basis, it was reported. The applicant's medication list included tramadol, it was acknowledged. The applicant was given trigger point injections in the clinic setting. Tramadol was refilled. The applicant was asked to obtain a replacement TENS unit. Manipulative therapy and massage therapy were endorsed. It was stated that the applicant was receiving 24 sessions of manipulative therapy annually and six sessions of massage therapy monthly. The applicant's psychiatric review of systems was negative for anxiety or depression, it was reported on this date. On separate RFA forms of August 20, 2015, a lumbar epidural steroid injection and lumbar

MRI were endorsed. In an associated telephone encounter of August 20, 2015, the applicant stated she had called in sick at work owing to shooting complaints of low back pain radiating to the right leg. There was no mention of whether or not the applicant had or had not had a prior epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 12 sessions: 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): Massage therapy, Physical Medicine.

Decision rationale: No, the request for 12 sessions of massage therapy is not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal request for massage therapy on August 18, 2015. The attending provider contended that the applicant was receiving six sessions of massage therapy monthly. However, the request for continued massage therapy, in and of itself, is at odds with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, the attending provider suggested that the applicant continue massage therapy and manipulative therapy on August 18, 2015. The request, thus, as written, was at odds with both page 60 of the MTUS Chronic Pain Medical Treatment Guidelines and page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that passive modalities, as a whole, be employed "sparingly" during the chronic pain phase of treatment. Here, the attending provider sought authorization for multiple different passive modalities on or around the date in question, August 18, 2015, including continued usage of massage therapy, continued usage of manipulative therapy, and continued usage of a TENS unit. Therefore, the request is not medically necessary.

Lumbar Epidural Steroid Injection, L4-L5, with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for a lumbar epidural steroid injection at L4-L5 is likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroids are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualify this position by noting that there should be a radiographic

and/or electrodiagnostic corroboration of radiculopathy before moving forward with epidural injection therapy. Here, neither the attending provider's August 18, 2015 office visit nor the August 20, 2015 RFA form made any mention of whether or not the applicant's lumbar radiculopathy had or had not been radiographically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines recommends no more than two epidural steroid injections. Here, the attending provider did not clearly state whether or not the applicant had or had not had prior epidural steroid injections or not. Therefore, the request is not medically necessary.

Sedation (for Lumbar Epidural Steroid Injection, L4-L5, with fluoroscopy): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for sedation to be administered during said lumbar epidural injection is likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for a lumbar epidural steroid injection. Since that request was deemed not medically necessary, the derivative or companion request for associated sedation to be administered during said lumbar epidural steroid injection is not medically necessary.