

Case Number:	CM15-0172296		
Date Assigned:	09/14/2015	Date of Injury:	10/20/2008
Decision Date:	10/22/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 20, 2008. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for chiropractic manipulative therapy, TENS unit, and SI joint block, all of which were reportedly ordered on June 22, 2015. The claims administrator framed the request for manipulative therapy as a renewal or extension request for the same. The applicant's attorney subsequently appealed. On July 23, 2015, the applicant reported ongoing complaints of low back pain and knee pain, 6/10. The applicant was severely obese, with a BMI of 35. The applicant had undergone an earlier failed lumbar spine surgery, it was reported, and ancillary complaints of knee pain, and also had issues of fibromyalgia. The applicant's medications included tramadol, Elavil, Percocet, tizanidine, Neurontin, MiraLax, and Ativan, it was stated in another section of the note. The applicant's work status was not clearly reported, although it did not appear that the applicant was working. On June 26, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery. The applicant received earlier acupuncture and epidural steroid injection therapy, it was reported. 6-7/10 pain complaints were reported. Multiple medications were renewed and/or continued. Once again, it was not explicitly stated whether the applicant was or was not working at this point. In a note dated June 26, 2015, the applicant's primary treating provider (PTP) reported that the applicant had undergone earlier failed lumbar spine surgery. An SI joint block was sought. The applicant was using a TENS unit. It was acknowledged that the applicant had undergone earlier failed lumbar spine surgery, and had

undergone multiple knee surgeries. Permanent work restrictions were renewed. Replacement TENS unit was sought. The applicant was asked to pursue manipulative therapy. It was acknowledged that the applicant had had manipulative therapy in the past. It was not explicitly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, 12 sessions for lumbosacral spine: 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): Manual therapy & manipulation.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy for the lumbosacral spine was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant did not appear to be working, with permanent limitations in place, it was suggested (but not clearly stated) on June 22, 2015. Therefore, the request for an additional 12 sessions of chiropractic manipulative therapy was not medically necessary.

TENS unit for lumbosacral spine: 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): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for a TENS unit [purchase] for the lumbosacral spine was likewise not medically necessary, medically appropriate, or indicated here. The attending provider framed the request on June 25, 2015 as a request for replacement TENS unit on the grounds that the applicant's previously provided TENS unit was no longer working. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of TENS unit on a purchase basis should be predicated on evidence on favorable outcome during an earlier one-month trial of the same, with beneficial effects evident in terms of both pain relief and function. Here, however, permanent work restrictions were renewed on June 22, 2015, seemingly unchanged from previous visit. It did appear that the applicant was working with said limitations in place. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Elavil, tramadol, tizanidine, Percocet, Neurontin, and Ativan, it was

reported on July 23, 2015, despite prior usage of the TENS unit. Therefore, the request for replacement TENS unit purchase was not medically necessary.

Right-sided SI joint block qty: 1.00: 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), Hip and Pelvis, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Low Back Disorders, pg. 611.

Decision rationale: Similarly, the request for sacroiliac joint (SI) block was likewise not medically necessary, medically appropriate, or indicated here. The MTUS did not address the topic. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain, as was seemingly present here. Rather, the Third Edition ACOEM Guidelines suggested reserving sacroiliac joint injections for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant's carrying a diagnosis of HLA-B27 positive spondyloarthropathy, rheumatoid arthritis, etc., implicating the SI joints, which would have compelled provision of the SI joint block at issue. Rather, it appeared that the attending provider was seeking authorization for SI joint injection therapy for chronic nonspecific low back pain, as was seemingly present here, i.e. condition for which SI joint blocks are not recommended, per the Third Edition ACOEM Guidelines. Therefore, the request was not medically necessary.