

Case Number:	CM15-0173613		
Date Assigned:	09/15/2015	Date of Injury:	10/23/2013
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve requests for cervical epidural steroid injections, a lumbar epidural steroid injection at L5-S1, and a 2-year gym membership. The claims administrator referenced a June 23, 2015 office visit in its determination. The claims administrator did not seemingly state whether the applicant had or had not had prior epidural injections or not. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck, mid back, shoulder, elbow, and wrist pain were reported. Acupuncture was sought. The applicant was asked to consult a pain management physician and try to obtain epidural steroid injections of the cervical spine. Pain complaints in the 7-8/10 were collectively reported. On a previous note dated May 26, 2015, the applicant was again placed off of work, on total temporary disability. There was no mention of whether the applicant had or had not had prior injections. On June 23, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was given diagnosis of cervical and lumbar radiculitis, although there was no description of radicular symptoms in the Subjective section of the note. The applicant was described as having hyposensorium about the bilateral upper and bilateral lower extremities on exam, however. This was not quantified. Multiple cervical epidural steroid injections were sought, along with an L5-S1 lumbar epidural steroid injection. Epidural steroid injections with cervical fluoro imaging study results were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections: 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: No, the request for cervical epidural steroid injections was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural cervical steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, thus, the request for multiple cervical epidural steroid injections without a proviso to re-evaluate the applicant after each injection so as to ensure a favorable response to the same, thus, ran counter to the philosophy espoused on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to base decision to pursue repeat epidural steroid injections on favorable outcome following the preceding injection. Therefore, the request was not medically necessary.

Lumbar Epidural Steroid L5-S1: 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: Similarly, the request for a lumbar epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, here, however, the requesting provider's June 23, 2015 progress note did not clearly describe, recount, or narrate active lumbar radicular pain complaints. While lumbar radiculitis was listed as one of the operating diagnoses, there was no description of active radicular complaints such as paresthesias, radiating pain, etc., present on that date. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that there should be radiographic and/or electrodiagnostic corroboration of radiculopathy. Here, however, neither radiographic nor electrodiagnostic corroboration of radiculopathy was in fact furnished. Therefore, the request was not medically necessary.

2 Year Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Gym memberships.

Decision rationale: Finally, the request for a 2-year gym membership was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be instructed in and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In a similar vein, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Here, thus, the gym membership at issue, per both page 98 of MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines, thus, seemingly take the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payer responsibility. While ODG's Low Back Chapter Gym Memberships topic further notes that gym memberships are not recommended as a medical prescription unless a documented home exercise program has proven ineffective and there is a need for specialized equipment. Here, however, the treating provider(s) made no mention of home exercise program having proven ineffectual and likewise made no mention of any need for specialized equipment (if any). Therefore, the request was not medically necessary.