

Case Number:	CM15-0049687		
Date Assigned:	04/17/2015	Date of Injury:	05/01/2013
Decision Date:	05/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/16/2015

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 38-year-old who has filed a claim for chronic wrist and neck pain reportedly associated with an industrial injury of May 1, 2013. In a Utilization Review report dated February 16, 2015, the claims administrator partially approved a request for eight sessions of chiropractic manipulative therapy as six sessions of the same, denied a cervical epidural steroid injection, and denied a pain management referral. The claims administrator referenced a February 3, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant was placed off work, on total temporary disability. Acupuncture, unspecified medications, an orthopedic consultation, and physical therapy were endorsed while the applicant was placed off work. Multifocal complaints of neck, shoulder, elbow, and wrist pain were reported. In a RFA form dated March 4, 2015, a prime dual stimulator was endorsed, without much in the way of supporting rationale. In a handwritten progress note dated February 20, 2015, the applicant was again placed off work, on total temporary disability, owing to multifocal complaints of neck, shoulder, elbow, wrist, and finger pain. Acupuncture, electrodiagnostic testing of the upper extremities, and a psychiatric evaluation were endorsed. The applicant's medications were not helping, it was stated. The note comprised almost entirely of preprinted checkboxes, with little-to-no narrative commentary. On February 3, 2015, additional manipulative therapy, and a pain management referral were endorsed while the applicant was placed off work, on total temporary disability. Epidural steroid injection was also proposed, again through preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Consultations & chiropractic manipulation & adjunct procedures/modalities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: No, the request for eight sessions of chiropractic manipulative therapy 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 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 off of work, on total temporary disability, as of the date of the request, February 3, 2015. The applicant had seemingly failed to demonstrate a favorable response to earlier chiropractic manipulative therapy. Therefore, the request was not medically necessary.

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for a cervical 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 radiculopathy, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that evidence of radiculopathy should be radiographically and/or electrodiagnostically confirmed. Here, however, the attending provider failed to establish either radiographic or electrodiagnostic evidence of radiculopathy. The February 3, 2015 progress note, as were several others, comprised almost exclusively of preprinted checkboxes, with little-to-no narrative commentary. It was not clearly established whether the request was a first-time request for epidural steroid injection therapy or a repeat request for epidural steroid injection therapy. Therefore, the request was not medically necessary.

Pain management consultation & treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medicine/Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Finally, the request for a pain management consultation and treatment (AKA referral) was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work. Pain medications, acupuncture, manipulative therapy, etc., had all proven unsuccessful. Obtaining the added expertise of a physician specializing in chronic pain was, thus, indicated. Therefore, the request was medically necessary.