

Case Number:	CM13-0012846		
Date Assigned:	09/26/2014	Date of Injury:	04/25/2012
Decision Date:	10/30/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 53-year-old female, who reported an injury on 04/25/2012 due to a client that fell on top of her while working; she landed on the right side of her body. Diagnoses were HNP of the lumbar spine with stenosis, HNP of the cervical spine with stenosis, cervical and lumbar radiculopathy, left hip trochanteric bursitis, left wrist sprain/strain, and right shoulder impingement bursitis. Surgical history was status post right shoulder scope on 06/10/2013, status post right trigger finger release and carpal tunnel release on 11/18/2013. Diagnostic studies were MRI of the lumbar spine, dated 09/14/2012, which revealed evidence of L4-5 moderate canal stenosis with moderate right and moderate to severe left neural foraminal narrowing. Physical examination, dated 04/11/2014, revealed complaints of persistent pain and increased headaches. There were complaints of low back pain with intermittent numbness/tingling to both lower extremities. With the use of medications, pain level was reported a 4/10 to 5/10. Without the medications, pain was reported a 7/10 to 8/10. Examination revealed decreased sensation of the C6, C7, and C8 dermatomes on the left. Lumbar range of motion was decreased on all planes with muscle guarding and palpatory paravertebral tenderness. There was decreased sensation at the L4 and L5 dermatomes bilaterally. Straight leg raise was positive for radiated pain along the L4 and L5 dermatomes bilaterally. Treatment plan was to continue acupuncture and transforaminal epidural injection bilaterally L4 and L5. Medications were Norco, Topamax, and Norflex. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The decision for chiropractic treatment is not medically necessary. The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The request does not indicate what part of the body is for chiropractic treatment. Prior chiropractic treatment visits were not reported. Functional improvement was not reported from prior chiropractic treatments. There is a lack of documentation of objective improvement from conservative care modalities, such as acupuncture. Therefore, this request is not medically necessary.

Transforaminal epidural injection bilaterally L4 and L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, section 722.1 subsection under ESI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 91.

Decision rationale: The decision for transforaminal epidural injection bilaterally at L4 and L5 is medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend that for an epidural injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The medical guidelines recommend for repeat epidural injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4

blocks per region per year. The injured worker had a previous epidural steroid injection to the lumbar spine with a 60% to 70% pain relief for 2 months. The injured worker had decreased sensation at the L4 and L5 dermatomes bilaterally, and the straight leg raise was positive in the L4 and L5 dermatomes bilaterally. There were positive neurological deficits. The clinical information submitted for review does provide evidence of radiculopathy. Therefore, the transforaminal epidural injection bilaterally at L4 and L5 is medically necessary.