

Case Number:	CM13-0025691		
Date Assigned:	11/20/2013	Date of Injury:	05/05/2011
Decision Date:	02/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Addiction Medicine and Toxicology, has a subspecialty in Pediatrics and is licensed to practice in Massachusetts and New York. 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 physician 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:

This is a 42 year old female who was working processing registration for [REDACTED] that slipped and fell and hit her right knee, right elbow and head while at work on 5/5/2011. In 2012 her MRI showed small disc osteophyte at C4-C5 and C3-C4. EMG done shown bilateral carpal tunnel syndrome. Patient has undergone Epidural steroid injections and chiropractic manipulation with massage to right upper trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation with massage to right upper trapezius (QTY 8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Menke JM. Do Manual Therapies Help Low Back Pain?: A Comparative Effectiveness Meta-Analysis Spine (Phila PA 1976). 2014 Jan 29.

Decision rationale: In low back pain, as per MTUS, chiropractic manipulation is only recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance

care is not medically necessary. On September 12, 2013, partial certification for chiropractic manipulation, approved for 6 visits, however, there is no documentation that patient benefited from these visits. for determining the medical necessity, would like to know whether previous chiropractic manipulation was effective (needs percentage reduction of pain and duration of pain relief) Also as per a Cochrane review examining the effectiveness of the chiropractic treatment, it was reported that chiropractic management did not affect the chronic back pain in a positive way (Mente JM 2014), hence the request is denied.

C4-5 Transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Conn A, Buenaventura RM, Datta S, Abdi S, Diwan S. Systematic review of caudal epidural injections in the management of chronic low back pain. Pain Physician. 2009 Jan-Feb;12(1):109-35.

Decision rationale: Epidural steroid injections as per MTUS guidelines and as per evidence does not provide pain relief (for radiculopathy) more than 3 months. There is a lack of support for 2nd epidural steroid injection if the 1st is not effective. (Cuckler, 1985) With fluoroscopic guidance, there is little support to do a second epidural if there is no response to the first injection. There is little to no guidance in current literature to suggest the basis for the recommendation of a third ESI, and the routine use of this practice is not recommended. Conn A et al in their review commented the indicated evidence is Level II-1 or II-2 for caudal epidural injections in managing chronic pain of postlumbal laminectomy syndrome and spinal stenosis. As per the note, patient had previous ESI but the specific hence as per the evidence from literature, a repeat ESI not indicated. Also patient had previous ESI, the percentage reduction of pain and duration of pain relief not documented. This is a crucial information to make the decision for medical necessity for repeated ESIs. Hence recommend non certify.