

Case Number:	CM13-0035501		
Date Assigned:	12/13/2013	Date of Injury:	09/30/2002
Decision Date:	02/13/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 60-year-old male who reported an injury on 09/30/2002. The patient is diagnosed with neck pain, headaches, left-sided hearing loss, and low back pain. The patient was recently seen by [REDACTED] on 11/12/2013. The patient reported 4-5/10 pain with radiation to the right upper extremity. Physical examination was not provided. Treatment recommendations included continuation of current medication, chiropractic treatment, and a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic manipulation 2 times per week for 4 weeks: 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 Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 weeks to 8 weeks may be

appropriate. As per the clinical notes submitted, the patient has previously participated in chiropractic treatment. Documentation of the previous course with treatment duration and efficacy was not provided for review. The patient continues to report persistent pain. Based on the clinical information received, the requested services are not medically necessary or appropriate at this time.

Transforaminal epidural steroid injection right C6-7: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitation efforts. Radiculopathy must be documented by objective findings on examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient has previously undergone a cervical epidural steroid injection on 06/07/2013. Documentation of at least 50% pain relief with associated reduction of medication usage for 6 weeks to 8 weeks following the initial injection was not provided for review. Additionally, the patient also underwent an electromyography/nerve conduction velocity (EMG/NCV) study of the right upper extremity on 05/20/2013, which indicated no evidence of radiculopathy, peripheral neuropathy, focal neuropathy, or plexopathy. Based on the clinical information received, the patient does not currently meet criteria for an epidural steroid injection. Therefore, the requested epidural steroid injection is not medically necessary or appropriate.

Norco 5/325mg #60: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain with radiation into the right upper extremity. There is no documentation of a failure to respond to non-opioid analgesics. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be deemed medically appropriate. As such, Norco is not medically necessary or appropriate.

