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| <b>Case Number:</b>   | CM13-0036312 |                              |            |
| <b>Date Assigned:</b> | 06/09/2014   | <b>Date of Injury:</b>       | 06/26/2009 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 09/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2013 |

### 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 Neurology and is licensed to practice in California. 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 (IW) is a 51-year-old female with a reported date of injury of 6/26/2009. The mechanism of injury is described as industrial cumulative trauma from her work as a food packer dating from 6/26/2008 to 6/26/2009. The IW reports chronic low back pain from this period with radiating pain to the left leg. A physical examination is notable for a positive straight leg raise on the left, in addition to however, her motor examination including reflexes and strength are reported as normal. An MRI of the lumbar spine from 3/02/2012 reveals a 4 mm disc bulge with moderate bilateral neural foraminal narrowing. There is a 6.8 mm disc bulge and moderate neural foraminal narrowing at the L4-L5 level. At the L5-S1 level, a 4 mm disc bulge is present that mildly impresses on the thecal sac in addition to marked bilateral neural foraminal narrowing. An electromyogram/nerve conduction study (EMG/NCS) from 1/13/2012 indicated a moderate chronic L5 radiculopathy on the right and a moderate chronic radiculopathy at both L5 and S1 on the left. The IW has already undergone 22 treatments of chiropractic care in addition to pain medication (Norco) and oral Non-steroidal anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 p.309.

**Decision rationale:** MTUS reference of to the use if Epidural corticosteroid injections for radicular pain to avoid surgery is considered optional. The patient reports radicular pain in the left leg and the electromyogram/nerve conduction study (EMG/NCS) studies from 1/13/2012 reveal a bilateral radiculopathy at L5 and a radiculopathy at S1 on the left. Since the IW does demonstrate she does have radicular symptoms, an epidural steroid injection at L5-S1 is medically necessary.

**CHIROPRACTIC TREATMENT (NO FREQUENCY AND DURATION):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC CARE Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 page.308.

**Decision rationale:** The reference for the use of manipulation for the treatment of low back complaints does not recommend a prolonged course of manipulations (greater than four weeks). Since the request does not clarify the duration or frequency of the manipulation, it cannot be certified. In addition, in this case the IW has reportedly undergone 22 treatments of manipulation over a period greater than four weeks. Therefore, the request for chiropractic treatment (no frequency and duration) is not medically necessary.