

<b>Case Number:</b>	CM13-0046019		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/28/2000
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & Rehabilitation, has a subspecialty in Pain Management, 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 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 male patient with a date of injury of 8/28/00. A utilization review determination dated 10/31/13 recommends non-certification of chiropractic visits 2 x 4 cervical and lumbar spine and cervical epidural steroid injection x 1. A progress report dated 10/15/13 identifies subjective complaints including increased neck pain and bilateral paresthesias in the forearms, low back pain with tingling left thigh. Objective examination findings identify neck tender with spasm and decreased ROM by 50%, motor WNL, DTR absent, sensation dull left thumb, Spurling's causes left-sided neck pain. Treatment plan recommends CESI x 1, previously provided >50% pain relief, last done summer 2010; chiro tx 2 x 4 cervical and lumbar spine for flare-up to decrease pain and spasm; Voltaren gel; and Lidoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection times 1 with [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Regarding the request for cervical epidural steroid injection times 1, the MTUS guidelines indicate that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. They also indicate that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy. Furthermore, the prior ESI was noted to have provided 50% relief for an undetermined amount of time, but there was no documentation of functional improvement and/or decreased medication usage. In light of the above issues, the currently requested cervical epidural steroid injection times 1 is not medically necessary.

**Chiropractic visits 2 times a week for 4 weeks to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic visits 2 times a week for 4 weeks to the cervical and lumbar spine, the MTUS guidelines support the use of manipulation for the treatment of chronic pain caused by musculoskeletal conditions. The guidelines go on to recommend a trial of up to 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, the provider has noted that the employee had a flare-up of pain and chiropractic treatment is intended to address that flare-up. Unfortunately, the current request is for 8 sessions rather than the 6 sessions supported by the MTUS guidelines and there is no provision for modification of the request. In light of the above issues, the currently requested chiropractic visits 2 times a week for 4 weeks to the cervical and lumbar spine are not medically necessary.