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| Case Number: | CM13-0068737 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/18/2009 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 Management, 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 patient is a 58-year-old male who reported an injury on 9/18/09. The mechanism of injury was being side-swiped during a motor vehicle accident. The documentation from 9/3/13 revealed that the patient had decreased sensation of the left L5 and S1 dermatomes and decreased sensation to the bilateral C6 and C7 dermatomes. The motor examination was 4+/5 from the left deltoid, biceps, and internal and external rotators, bilateral wrist extensors and flexors. The patient had a negative Spurling's test. The request was made for a microlumbar decompression on the left at L5 through S1 and was approved per documentation. The patient's diagnoses were noted to include severe degenerative disc disease at L5 through S1 with vacuum disc phenomenon, severe stenosis at L5-S1, facet arthropathy of the lumbar spine, bilateral S1 radiculopathy per EMG, and multilevel HNP of the cervical spine with stenosis and cervical radiculopathy. The request was made for an epidural steroid injection at C7 through T1 and postoperative chiropractic treatment twice a week for six weeks to the lumbar spine to start at six weeks postoperative. It was indicated the patient had failed conservative treatment, including three epidural injections without relief, physical therapy, and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF POSOPERATIVE CHIROPRACTIC CARE FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. Therapy is recommended initially for a therapeutic trial of six sessions, and, with objective functional improvement, up to 18 visits over 6-8 weeks may be appropriate. The clinical documentation submitted for review indicated the patient was approved to undergo surgical treatment. However, there was a lack of documentation indicating a necessity for 12 postoperative visits. This request exceeds guideline recommendations without re-evaluation. Given the above, the request for postoperative chiropractic care is not medically necessary.

INTERLAMINAR EPIDURAL STEROID INJECTION WITH CATHETER PLACEMENT AT C7-T1 TO TARGET THE C5-6 & C6-7 LEVELS: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend a repeat epidural steroid injection when there is objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks. The clinical documentation submitted for review indicated that the patient had three prior epidural steroid injections. However, the level for the injection was not provided. As such, the above recommendations could not be met. Given the above, the request is not medically necessary.