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| Case Number: | CM14-0009446 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 03/20/2012 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 is a 31-year-old male who was injured on March 20, 2012. The injured is documented as having previously completed 18 sessions of chiropractic therapy and underwent a neck (C3-4) transforaminal epidural steroid injection on January 7, 2013. The most recent MRI of the cervical spine was obtained on May 9, 2013 which demonstrated mild right foraminal stenosis at C3-4. A previous chiropractic note dated January 23, 2014 indicates that adjustments provided relief that lasts for "about 4 hours." The injured is documented multiple times through the medical record as being dependent on both alcohol and opiates. Despite multiple providers attempts at discontinuing the medications, the injured continues to utilize Percocet. The Qualified Medical Evaluation (QME) dated December 30, 2013 documents no physical exam findings consistent cervical radiculopathy or diminished cervical range of motion. The computed tomography (CT) scan obtained on December 12, 2013 documents mild right-sided foraminal stenosis at C3-4. The utilization review in question was rendered on January 16, 2014. The reviewer noncertified the request for eight sessions of chiropractic therapy, a C3-4 interlaminar epidural steroid injection, and a 2nd opinion by a pain management clinician.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION AT C3-4: Upheld

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

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

Decision rationale: As outlined by Chronic Pain Medical Treatment Guidelines this request is non-certified. The injured worker is documented as having previously undergone a cervical epidural steroid injections region, but there is no indication if there was pain relief from this injection for any lasting length of time. Additionally, the most recent documentation provided that consists of a full examination was the Qualified Medical Evaluation (QME) from December 30, 2013 documenting neurologic symptoms. As such, the request is considered not medically necessary.

PAIN MANAGEMENT SECOND OPINION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127

Decision rationale: The ACOEM supports the use of referral when the plan or course of care may benefit from additional expertise. The injured is documented in multiple areas of the chart as having issues with alcohol in opioid dependency. While there is imaging consistent with right-sided nerve root compression, the 2nd opinion from pain management specialist is considered not medically necessary given the individual's history and current exam findings.

CHIROPRACTIC CARE, 2 TIMES A WEEK FOR 3 WEEKS, TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS recommends up to ten visits for physical therapy for the management of chronic radiculitis. Based on the clinical documentation provided, the claimant has exceeded those visits and should be well-versed in a home exercise plan. Additionally, the treating chiropractor indicates the manipulations are providing approximately four hours of relief. As such, additional chiropractic care is not medically necessary.