

<b>Case Number:</b>	CM14-0108335		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine and 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 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:

This is a patient with a date of injury of 3/19/12. A utilization review determination dated 6/16/14 recommends non-certification of continued chiro-physical rehab and a pain management consultation. 6/19/14 chiropractic report identifies that hopefully we can get the patient through some epidurals to control the symptoms to return him to regular work. No subjective or objective findings are noted. It is noted that the patient is paying for care in the facility outside the Workers' Comp system as they are tired of the utilization review criteria, which is said to interfere with the patient's delivery and ability to receive the care in an appropriate time period. Epidurals were noted to be requested in early April and stopped in utilization review. He has failed at no less than three forms of care. He has about 30% reduction in symptoms from a cold laser. The provider requested authorization for epidurals. 6/11/14 medical report identifies back pain. On exam, there is tenderness in the cervical spine, lumbar spine, and shoulder. Lumbar ROM is 90 degrees flexion, 30 degrees hyperflexion, lateral flexion 30 degrees each side, and normal rotation. Gait is normal and the patient is said to experience some lower leg discomfort bilaterally radiating from the lower back. Norco was prescribed. 5/12/14 chiropractic report notes that the patient had a tremendous amount of improvement with the epidurals. 4/28/14 chiropractic report notes that the provider believes that the pain management physician is moving forward with 2nd epidural in a series of 3. With regard to objective findings, he notes that objectively, the objectives need to be controlled in effort to control radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued chiro-physical rehab 3x2 (6 sessions) thoracic and lumbar.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for continued chiro-physical rehab 3x2 (6 sessions) thoracic and lumbar, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. 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, there is no clear indication of objective functional improvement with prior treatment to support the efficacy of chiropractic care and ongoing use of same. In the absence of such documentation, the currently requested continued chiro-physical rehab 3x2 (6 sessions) thoracic and lumbar is not medically necessary.

**Pain management consultaiton with [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,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) and 46 of 127 Epidural steroid injections (ESIs).

**Decision rationale:** Regarding the request for pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears that the purpose of the consultation is for epidural steroid injections. The patient has apparently received an ESI in the past with a tremendous amount of improvement, but this was not quantified in terms of a percentage of pain relief or decreased VAS score, no functional improvement was described, and no duration of relief was noted. Also, there is no indication of radicular findings on exam and imaging and/or electrodiagnostic corroboration. Furthermore, the provider notes that the patient was recommended to undergo a series of 3 ESIs, but a series of injections is not supported by the CA MTUS. Finally, there is no other rationale presented for a pain management consultation and one of the patient's providers is currently utilizing pain medication without any noted complications requiring specialty consultation. In light of the above issues, the currently requested pain management consultation is not medically necessary.

