

Case Number:	CM14-0012295		
Date Assigned:	06/11/2014	Date of Injury:	06/14/2013
Decision Date:	07/14/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 56 year old female who reported an injury on 06/14/2013 after falling and striking her back on a pipe. An x-ray on 6/14/2013 was negative for fractures and presented only mild degenerative disc disease. She was diagnosed with cervical, thoracic, and lumbar sprains. The injured worker received Tramadol, Robaxin, Motrin and Tylenol #3 for pain management medications. Her pain is a reported 4-5/10 with pain radiating from the thoracic region up to the cervical and down the lumbar spine. On 06/17/2013 an x-ray was again negative for fractures of the hip or lumbar spine. The injured worker received an MRI on 06/19/2013 demonstrating mild degenerative disc disease and disc protrusion at T2. The injured worker received an unspecified number of physical therapy and chiropractic care treatments. On 12/18/2013 an MRI presented disc protrusions at C3/C4, C4/C5, C5/C6, C6/C7, and T1/T2. Her pain is managed at a 3/10 and can bend 30 degrees at the time a request for an ESI (Epidural Steroid Injections) injection(s) and chiropractic care for six sessions to improve range of motion, control pain and return the injured worker to her job without restrictions. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI INJECTIONS: Upheld

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

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

Decision rationale: The request for "ESI injections" is non-certified. The injured worker is presenting with full range of motion and the ability to bend 30 degrees. Her reported pain is 3/10. Under California Medical Treatment Utilization Schedule (MTUS) guidelines, ESI injections are for improving pain to the spinal region prior to physical therapy sessions. A total of two over a one to two week time period is recommended. The physician has not provided the number of injections to be performed, reports the injured worker has full range of motion and is controlling pain at 3/10. The procedure ESI (Epidural Steroid Injections) does not fall in California MTUS guidelines and is therefore not medically necessary and appropriate.

CHIROPRACTIC TIMES 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The request for six sessions of chiropractic care is non-certified. Under California Medical Treatment Utilization Schedule (MTUS) guidelines, chiropractic care is recommend for 6 initial sessions and up to 18 visits when there is evidence of objective functional improvement. While measurable range of motion, flexion and extension values have not been reported, the physician does note the injured worker has full range of motion and a pain scale of 3/10. The need for six treatments of chiropractic care does not specify the local for care. As such, the request of six (6) chiropractic sessions is not medically necessary and appropriate.