MAXIMUS Federal Services

| Case Number: | CM14-0018846 | | |
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| Date Assigned: | 04/23/2014 | Date of Injury: | 03/09/1999 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

## 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 and is licensed to practice in Illinois. 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 51 year old female who reported an injury on 03/09/1999. The mechanism of injury was not provided. Per the 10/07/2013 clinical note, the injured worker reported neuropathy down the lower back and leg, as well as pain rated 2/10 with medications. Physical exam findings included tenderness in the posterior cervical spine, full range of motion, and negative straight leg raise bilaterally. The injured worker's diagnoses included lumbar and cervical radiculopathy, fibromyalgia, and peripheral neuropathy. It was noted the injured worker received a lumbar epidural steroid injection in 2009 which she reported dramatically improved her pain for about one year. Per the 01/03/2014 clinical note, the injured worker reported pain rated at 4/10. A physical exam was not documented. The injured worker's medication regimen included Soma 350mg, Tramadol 50mg, and Protonix 20mg. The provider requested lumbar spine epidural blocks and chiropractic visits 2 times a week for 8-12 weeks. The documentation provided indicates the injured worker was approved for one lumbar epidural steroid injection at L5-S1 which was performed on 02/12/2014. The request for authorization form was not present in the medical record.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 2 X 12 WEEKS (24 VISITS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

**Decision rationale:** The CA MTUS Guidelines recommend manual therapy and manipulation as an option for low back pain. For therapeutic care, guidelines recommend a trial of 6 visits over 2 weeks. A total of up to 18 visits over 6-8 weeks is recommended with evidence of objective functional improvement. Guidelines further state, the maximum duration of therapy is 8 weeks. At week 8, patients should be reevaluated. The injured worker did not demonstrate any functional deficits on physical exam to warrant chiropractic visits. The rationale is unclear for requesting chiropractic therapy. In addition, the submitted request for 24 visits exceeds guideline recommendations and does not specify the site of treatment. As such, the request for chiropractic 2x12 weeks (24 visits) is not medically necessary.

**LUMBAR EPIDURAL STEROID INJECTION X 2:** Upheld

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

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

**Decision rationale:** The CA MTUS Guidelines state the following criteria for the use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; pain must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; and 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 6 to 8 weeks. In this case, the injured worker did not demonstrate any symptoms consistent with radiculopathy on physical exam. There is no evidence to support the injured worker's diagnoses of cervical and lumbar radiculopathy. There is also no evidence that any imaging studies were performed or that the injured worker had failed conservative care. The medical records provided indicate the injured worker received a lumbar epidural steroid injection in 2009 and again on 02/12/2014 at L5-S1. There is no documentation of functional improvement, pain relief, or reduction of medication use associated with either of these injections. In addition, the submitted request does not specify the level(s) to be injected or that fluoroscopy will be used. As such, the request for lumbar epidural steroid injection x2 is not medically necessary.