MAXIMUS Federal Services

Case Number:	CM14-0115837		
Date Assigned:	08/04/2014	Date of Injury:	07/22/2013
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 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:

The injured worker is a 60 year old female who was reportedly injured on 07/22/2013. Mechanism of injury was from bending over to scrape gum off the floor and there was a sudden onset of severe pain radiating into right shoulder and right side of neck. The Agreed Medical Examination dated 06/26/2014, shows diffuse tenderness in the posterior cervical musculature. Full range of motion with flexion, extension, lateral bending to the left and right and rotation to the left and right is noted. The right upper extremity demonstrates pain free range of motion with negative impingement signs. Slight hypesthesia in the median distribution in both hands is noted. There are negative Tinel signs at the cubital and carpal tunnels bilaterally. Evidence of bilateral Dupuytren contractures (nonindustrial). Jamar dynamometer grip strength measurements, right hand (Dominant) 55, 60, 60 and left hand 50, 50, 50. The injured worker has benefited from chiropractic treatments and cervical epidural injections. A request was made for repeat interlaminar epidural steroid injections at C5-6 and C6-7, chiropractic care 2x6 and was not certified on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat ILESI at C5-6 and C6-7: 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 (ESI's) 8 C C R 9792.20-9792.26 Page(s): 46.

Decision rationale: As per CA MTUS guidelines, the purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. In this case, the guideline criteria are not met; the request is for two cervical intralaminar levels and there is no clear evidence of radiculopathy in the upper extremities unresponsive to trial and failure of conservative management. Therefore, the request is considered not medically necessary per guidelines.

Chiropractic care 2x6: 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): 58-59 of 127.

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. There is limited to no documentation of any significant improvement in objective measurements such as pain level and function with prior chiropractic treatments. Furthermore, the request would exceed the guideline recommended number of chiropractic treatments for this condition. The medical records provided do not establish the need for ongoing manipulations and follow up visits with a chiropractor. Based on the documentation and guidelines, the request is not medically necessary.