

<b>Case Number:</b>	CM14-0135077		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/29/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Medicine 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 patient is a 62 year old female who sustained an industrial injury on 12/29/2009. According to the 6/25/2014 report, the patient had completed 6 authorized chiropractic sessions. She relates improved motion and flexibility and less radiating symptoms. Treatment included spinal manipulation of the lumbosacral regions, myofascial release, traction/electrotherapy, and instruction of self-care for stretching and strengthening of core/trunk. Her current pain is 3-6/10 from initial 5-9/10. Lumbar ROM (range of motion) is still limited, though slightly improved, motor strength remains 5/5, and Oswestry low back disability score is 58% from prior 72%. Per the operative report, bilateral L4 and L5 TESI (transforaminal epidural steroid injection) was administered on 6/30/2014. According to the 8/6/2014 progress note, the patient presents for medications refill for Norco. Authorization is requested for IMR for denial of injection on 7/28/2014, six sessions of chiropractic care, tizanidine, Thermacare patches, and Norco. She reports low back pain with radiation to bilateral lower extremity with tingling/numbness and weakness. She has completed 5/6 chiropractic visits and is scheduled for the 6th next week. She is scheduled for TFESI in two weeks. She recently had bilateral L4 and L5 TESI, with good relief on the right, but the pain returned to the left side after 2 weeks. Examination documents non-antalgic gait, 5/5 motor strength, normal sensation except L4,5 left lower extremity, +1 DTRs (deep tendon reflexes), positive bilateral SLR (straight leg raise) at 30 degrees. Diagnoses are lumbar disc with radiculitis, degeneration of lumbar disc, degeneration of cervical disc and hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection L4-L5 under fluoroscopy qty: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): age(s) 46..

**Decision rationale:** The guidelines state that in the therapeutic phase, 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 six to eight weeks. The patient reported return of left sided pain in 2 weeks. Reduction in medication use and pain level and provided function as result of prior injection is not established. The medical records fail to establish this patient obtained clinically significant improvement with the prior TFESI, as required by the guidelines to support a repeat injection. The request is non-certified.

**Chiropractic treatment qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Manual therapy & manipulation page(s) Page(s): 58-59.

**Decision rationale:** The CA MTUS guidelines recommend manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW (return to work) is achieved then 1-2 visits every 4-6 months. The patient completed a course of 6 chiropractic sessions in June 2014. It is unclear if she began another course of sessions and has completed 5/6 visits. It is not adequately established that the patient had obtained significant pain relief with improved function as result of prior chiropractic care. There is no evidence of reduction in medication use. It is noted that she underwent an LESI (Lumbar epidural steroid injection) days after completing 6 sessions of chiropractic in June. The medical records do not clearly establish additional chiropractic is appropriate and medically necessary. The request is non-certified.