MAXIMUS Federal Services

| Case Number: | CM14-0026588 | | |
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| Date Assigned: | 06/13/2014 | Date of Injury: | 04/18/2007 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/21/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

## 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 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 61-year-old male who reported an injury on 04/18/2007 as the result of a fall. On 02/20/2014 within the clinical visit, it was documented that the injured worker had a decreased range of motion in the lumbar spine with bilateral tenderness in the iliolumbar ligaments and muscle spasms in the bilateral lumbosacral paraspinal muscles. It was further noted that there was a decreased sensation to light touch in the dorsal aspect of the bilateral feet, which is consistent to a dermatomal pattern affected of L4, L5, and S1. The physical exam also revealed that there were decreased reflexes in the bilateral ankles; however, there were normal reflexes in the bilateral knees. Strength and motor testing during the physical exam revealed a decreased strength to the bilateral dorsiflexors and bilateral extensor hallucis longus muscles (L5, S1) with normal strength in the bilateral knee flexors and knee extensors. The exam also showed that the injured worker had a positive bilateral straight leg raise test. An official MRI completed on 09/27/2011 was noted to reveal multilevel disc bulges and facet hypertrophy causing foraminal narrowing which was listed as mild to moderate from L3-4 to L5-S1 and was most prominently noted at L4-5 bilaterally. The reported further stated that there was compression of the L4 exiting nerve roots bilaterally. On 05/09/2014, within the chiropractic progress note it was stated that the injured worker had completed a trial of 6 chiropractic visits with a 50% improvement in the pain in the low back that enabled the injured worker to increase his motion, including bending. The treatment plan included an additional 8 sessions of chiropractic therapy. The request for authorization was dated 05/27/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) CHIROPRACTIC SESSIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

**Decision rationale:** The request for 8 chiropractic sessions is certified. The California MTUS Guidelines recommend manual therapy and manipulation in the presence of pain caused by musculoskeletal conditions. The Guidelines further state that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and a return to productive activities. In regard to the low back treatments, while using manual therapy and manipulation, it is recommended by the Guidelines that after a trial visit of 6 visits and evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Within the physical exam on 02/20/2014, it was shown that the injured worker had continuing objective functional deficits and through the chiropractic progress report it was shown that the injured worker had completed 6 trial sessions of chiropractic therapy. It was further noted that the injured worker had received 50% improvement in the low back and enabled increased functional abilities. With the given request staying within the Guidelines' recommended 18 visits and the documentation of functional deficits remaining, the request at this time is supported by the Guidelines. As such, the request for 8 chiropractic sessions is medically necessary and appropriate.

**1 EPIDURAL STEROID INJECTION RIGHT L4, LEFT L5, RIGHT SI:** Upheld

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

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

**Decision rationale:** The request for 1 Epidural Steroid Injection right L4 left L5, right S1 is non-certified. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The Guidelines have set forth criteria for the utilization of epidural steroid injections and were noted to include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, the Guidelines state in the criteria that the injured worker must initially be unresponsive to conservative treatments. Lastly, the Guidelines also state that no more than 2 levels should be injected using transforaminal blocks and no more than 1 interlaminar level should be injected at 1 session. Within the documentation, the injured worker was concurrently attending chiropractic therapy in which it was noted to reveal that the injured worker had 50% improvement of pain and had had functional restoration. In addition, the request itself does not state the approach of the injections and has listed 3 separate levels to be injected. With the

request being contraindicated as using 3 levels by the Guidelines' maximum recommendation of 2 levels by any approach and the functional improvement and reduction of pain of chiropractic therapy concurrently being used, the request at this time cannot be supported by the Guidelines. As such, the request for Epidural Steroid Injection right L4, left L5, right S1 is not medically necessary and appropriate.