

Case Number:	CM14-0030810		
Date Assigned:	06/20/2014	Date of Injury:	03/22/1994
Decision Date:	07/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 Texas and Ohio. 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 63-year-old female with a reported date of injury on 03/22/1994. The mechanism of injury was noted to be continuous trauma. Her previous treatments were noted to include physical therapy, exercise, and medications. Her diagnoses were noted to include cervical sprain/strain, scapulothoracic strain, and lumbar disc protrusion. The progress report dated 05/01/2014 reported the injured worker complained of neck, low back, and leg pain. The physical examination reported painful lower back, right shoulder, right wrist, and neck pain. A report from the emergency room dated 05/15/2014 reported the injured worker complained of severe pain of 8/10. The injured worker described her pain as radiating to the right buttock/hip and had been going to local emergency rooms for shots. The injured worker reported she was unsure what type of medication she had been receiving but stated that she was able to drive afterwards. The physical examination reported right sacroiliac joint tenderness to palpation, full range of motion, extremities left upper/left lower and right lower extremities had normal range of motion. Motor strength testing to the bilateral upper and lower extremities was 5/5. The patellar deep tendon reflexes were noted to be 0. The emergency room diagnosed it as chronic sciatica, right sided. The request for authorization was not submitted within the medical records. The request for chiropractic for lower back 2 times 3 equals 6 sessions, the physician's rationale was not submitted within the medical records. The request is for lumbar epidural steroid injection L3-4 and L4-5 at [REDACTED], the physician's rationale is not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for lower back 2x3=6 sessions: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The guidelines state 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. The guidelines recommend for low back a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The documentation provided from the emergency room reported a normal range of motion to the lower back and upper and lower extremities, as well as a full motor strength of 5/5. There is a lack of documentation regarding quantifiable objective functional improvements from previous physical therapy treatments as well as the number of sessions completed and if the injured worker is currently on a home exercise program. Therefore, the request is not medically necessary.

Lumbar Epidural Steroid Injection L3-4 and L4-5 at Canyon Pinole Surgery Center:
Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injection as treatment for radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guideline criteria for the use of epidural steroid injections include radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injections must be performed using fluoroscopy for guidance and if used for a diagnostic purpose, a maximum of 2 injections should be performed. A second block is not recommended if there is not an adequate response to the first block. No more than 2 nerve root levels should be injected using transforaminal blocks. There is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. There is also a lack of documentation of radiating pain into the lower extremities as well as a lack of clinical findings consistent with

radiculopathy to warrant an epidural steroid injection. Therefore, the request is not medically necessary.