

Case Number:	CM14-0188001		
Date Assigned:	11/18/2014	Date of Injury:	12/23/2013
Decision Date:	09/29/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on 12-23-2013. She reported low back pain. Diagnoses have included lumbar disc herniation at L4-5 and L5-S1 with neural foraminal narrowing and lumbar radiculopathy. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, magnetic resonance imaging (MRI), electromyography (EMG) and medication. According to the progress report dated 10-20-2014, the injured worker complained of low back pain rated five to six out of ten. She reported difficulty sleeping due to pain. She reported that her activity level was limited by pain. Current medications included Tylenol, Motrin and Pamelor. She was working with modified duty. It was noted that the injured worker had 12 undated chiropractic sessions with some temporary relief. She reported that most of her pain was on the left side of her low back. She had burning pain and tingling down her left leg to the bottom of her foot. Physical exam revealed positive straight leg raise on the left. Authorization was requested for left transforaminal epidural steroid injection at L5 and S1 and eight visits of chiropractic treatment for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left TFESI (Transforaminal Epidural Steroid Injection) at L5 and S1: Overturned

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

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

Decision rationale: The patient presents on 11/17/14 with left sided lower back pain, with burning and tingling sensations, which radiate down into the left lower extremity into the bottom of the foot. The patient's date of injury is 12/23/13. Patient has no documented surgical history directed at this complaint. The request is for left TFESI (transforaminal epidural steroid injection) at L5 and S1. The RFA is dated 09/25/14. Physical examination dated 11/17/14 reveals decreased lumbar range of motion in all planes, reduced motor strength in the left lower extremity, and positive straight leg raise test on the left at 40 degrees which elicits radiating pain into the left foot. The patient is currently prescribed Nortriptyline, Lyrica, and Pamelor. Lumbar MRI dated 02/04/14 was included, finding: "4mm right paracentral disc protrusion at L4-5 causes abutment of the traversing right L5 nerve root... At L5-S1, there is a 3mm central and left paracentral disc protrusion... annular fissure at L5-S1 on the left side..." Patient is currently working with modified duties. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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, with a general recommendation of no more than 4 blocks per region per year." In this case, the treater is requesting an initial lumbar ESI for the management of this patient's chronic lower back pain. Per progress note dated 11/17/14, the provider notes that this patient has been experiencing unresolved lower back pain with a radicular component lasting many months. Radiculopathy is substantiated by the 11/17/14 progress report, which includes subjective reports of pain, which radiates into the left lower extremity and examination findings showing decreased motor strength in the left lower extremity and positive straight leg raise test. Diagnostic MRI dated 02/04/14 corroborates these findings, as it indicates foraminal stenosis, nerve root impingement, and an annular fissure at the requested levels. The documentation provided satisfies MTUS criteria for an epidural steroid injection and the request is substantiated. Therefore, this request IS medically necessary.

Eight (8) visits of chiropractic therapy for the back: 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 Manual Therapy and Manipulation Page(s): 40.

Decision rationale: The patient presents on 11/17/14 with left sided lower back pain, with burning and tingling sensations, which radiate down into the left lower extremity into the bottom of the foot. The patient's date of injury is 12/23/13. Patient has no documented surgical history directed at this complaint. The request is for eight (8) visits of chiropractic therapy for the back. The RFA is dated 09/25/14. Physical examination dated 11/17/14 reveals decreased lumbar range of motion in all planes, reduced motor strength in the left lower extremity, and positive straight leg raise test on the left at 40 degrees, which elicits radiating pain into the left foot. The patient is currently prescribed Nortriptyline, Lyrica, and Pamelor. Lumbar MRI dated

02/04/14 was included, finding: "4mm right paracentral disc protrusion at L4-5 causes abutment of the traversing right L5 nerve root... At L5-S1, there is a 3mm central and left paracentral disc protrusion... annular fissure at L5-S1 on the left side..." Patient is currently working with modified duties. MTUS Guidelines, Manual Therapy and Manipulation section, page 40 state: Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute 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 function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines; a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. Concerning the 8 sessions of chiropractic manipulation for this patient's lumbar pain, the requesting provider has exceeded guideline recommendations. There is some indication that this patient has been treated by a chiropractor in the past with benefits, though the dates of service are not clear and no demonstrable functional benefits are noted. MTUS guidelines specify 3 to 6 chiropractic treatments initially, with additional sessions contingent on improvements. The requested for 8 treatments without first documenting efficacy exceeds these guidelines. Were the request for 6 treatments, the recommendation would be for approval. However, the current request exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.