

Case Number:	CM15-0136687		
Date Assigned:	07/24/2015	Date of Injury:	07/23/2014
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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: Family Practice

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 43 year old female who sustained an industrial injury on 7/23/14 when she tried to restrain a resident by wrapping her arms around his shoulders from behind she fell backwards banging her left arm and right thigh against a bed before landing on her buttocks and lower back on a concrete surface. As she was falling another male landed on top of her. She reported the incident. The following day she had increased low back pain radiating up her back towards her neck and shoulders. She was medically evaluated, given medications and x-rayed. She had physical therapy for her lumbar spine with benefit. She continued working and symptoms persisted and began radiating down the left leg. She currently complains of constant lumbar spine pain with numbness and tingling with intermittent radiation to the mid-back, right hip and right and left leg. Her pain level was 7/10. She has sleep difficulties. Her activities of daily living were impaired regarding self-care, physical activity, travel, sleep. On physical exam of the lumbar spine no abnormalities were noted. Medications were naproxen, tramadol and ointments. Diagnoses include degenerative lumbar intervertebral disc with myelopathy; lumbar musculoligamentous injury; sleep disturbances. Treatments to date include medications; physical therapy; chiropractic treatments. Diagnostics include x-rays of the lumbar spine (no date) were normal; MRI of the lumbar spine (10/7/14) showed spondylolisthesis. In the progress note dated 5/5/15 the treating providers plan of care includes requests for epidural steroid injection to help alleviate pain and discomfort; chiropractic therapy to decrease pain, increase range of motion and strength; urinalysis to confirm adherence to prescribed medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; six (6) visits (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of manual therapy & manipulation, including chiropractic therapy, as a treatment modality. Manual therapy and manipulation are recommended 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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 re- evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Additional information on the use of Manipulation & Manual Therapy is as follows: a. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. b. Maximum duration: 8 weeks. At week 8, patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, the records indicate that the patient has already undergone a series of approximately 12 chiropractic sessions. There is insufficient documentation on the outcomes of these prior treatments; including diminished pain, improved function and decrease in the use of analgesic medications. For these reasons, additional 6 sessions of chiropractic therapy is not medically necessary.

Epidural injection at L2-L5: 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of epidural steroid injections (ESIs) as a treatment modality. ESIs are used for the treatment of radicular pain. The following are the specific MTUS criteria for in support of an ESI: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 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 this case, there is insufficient documentation that the patient has a radiculopathy as the source of lumbosacral symptoms. Further, the request is for three levels, L2-L5. As noted in the above cited MTUS guidelines "no more than two nerve root levels should be injected." Without clear documentation of a radiculopathy and with a request for an ESI at three levels, the request is not consistent with the above-cited MTUS criteria. An epidural injection at L2-L5 is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction Page(s): 90-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 88-89.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of urine drug testing. These guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In addition, the guidelines comment on the steps used to avoid misuse/addiction of opioids. These steps include the use of frequent random urine toxicology screens. Based on the information in the available

medical records there is no evidence that the patient is taking any controlled substances inappropriately. Further, there is no documentation to suggest that the patient has engaged in any suspicious or aberrant behaviors to indicate that she is at high-risk for addiction. There is no evidence of a opioid pain agreement in the medical records requiring intermittent urine drug testing. In summary, there is no evidence in the medical records to support the rationale for ordering a urinalysis for urine drug screen. This test is not considered as medically necessary.