

<b>Case Number:</b>	CM15-0161046		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/22/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: 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 45 year old female who sustained an industrial-work injury on 4-22-15. She reported an initial complaint of low back pain. The injured worker was diagnosed as having L5-S1 disc degeneration, L5-S1 disc herniation, L5-S1 stenosis and radiculopathy. Treatment to date includes medication, diagnostics, and chiropractic treatment for the right leg. MRI results were reported on 5-13-15 and were abnormal demonstrating disc bulge with a central annular fissure at L4-5, bilateral neural foraminal narrowing and bilateral facet joint hypertrophy. Currently, the injured worker complained of back pain and left leg pain with numbness in the left calf and foot. Per the primary orthopedic physician's consultation on 7-13-15, exam notes decreased sensation the left S1 dermatome distribution, 1+ left ankle deep tendon reflex, straight leg raise is positive on the left at 80 degrees, no significant weakness or atrophy, positive straight leg raise on the left. Gait is normal with normal heel-toe swing-through gait. Motor strength was also normal bilaterally. The requested treatments include Left L5-S1 ESI (epidural steroid injection), Acupuncture Sessions 2x3 (Lumbar), and Chiropractic Sessions 2x3 (Lumbar).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 ESI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

**Decision rationale:** The patient presents with central back pain as well as LEFT leg pain from the anterior and posterior thigh, with numbness in the LEFT calf and foot. The request is for LEFT L5-S1 ESI. The request for authorization is dated 07/13/15. MRI of the lumbar spine 05/13/15, shows L4-L5: there is a 3 mm circumferential disc bulge with central annular fissure, there is mild bilateral neural foraminal narrowing, there is bilateral facet joint hypertrophy; L5-S1: there is a 3 mm circumferential disc bulge with a superimposed 7 to 8 mm broad-based LEFT subarticular zone disc protrusion, there is mild bilateral neural foraminal narrowing, there is moderate spinal canal stenosis measuring less than 8 mm in AP dimension with impingement on the LEFT transiting S1 nerve root. Physical examination reveals in palpation there is no palpable tenderness of the paravertebral muscles, bilaterally. There is no evidence of tenderness over the sacroiliac joints, bilaterally, there is bilateral facet joint hypertrophy. There is no tenderness over the sciatic notches. There is no tenderness over the flanks, bilaterally. There is no tenderness over the coccyx. Decreased sensation over the left S1 dermatome distribution. Straight leg raise is positive on the left Patient's medications include Wellbutrin, Norco, Codeine #3, and Neurontin. Per progress report dated 07/09/15, the patient is temporarily totally disabled. MTUS, Epidural Steroid Injection Section, page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Treater does not discuss the request. Physical examination reveals decreased sensation over the left S1 dermatome distribution. Straight leg raise is positive on the left. MRI of the lumbar spine 05/13/15, shows L5-S1: there is a 3 mm circumferential disc bulge with a superimposed 7 to 8 mm broad-based LEFT subarticular zone disc protrusion, there is mild bilateral neural foraminal narrowing, there is moderate spinal canal stenosis measuring less than 8 mm in AP dimension with impingement on the LEFT transiting S1 nerve root. In this case, physical exam findings show neurologic deficits in this patient, radiculopathy is documented with dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, the request IS medically necessary.

**Acupuncture Sessions 2x3 (Lumbar):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with central back pain as well as LEFT leg pain from the anterior and posterior thigh, with numbness in the LEFT calf and foot. The request is for ACUPUNCTURE SESSIONS 2X3 (LUMBAR). The request for authorization is dated 07/13/15. MRI of the lumbar spine 05/13/15, shows L4-L5: there is a 3 mm circumferential disc bulge with central annular fissure, there is mild bilateral neural foraminal narrowing, there is bilateral facet

joint hypertrophy; L5-S1: there is a 3 mm circumferential disc bulge with a superimposed 7 to 8 mm broad-based LEFT subarticular zone disc protrusion, there is mild bilateral neural foraminal narrowing, there is moderate spinal canal stenosis measuring less than 8 mm in AP dimension with impingement on the LEFT transiting S1 nerve root. Physical examination reveals in palpation there is no palpable tenderness of the paravertebral muscles, bilaterally. There is no evidence of tenderness over the sacroiliac joints, bilaterally, there is bilateral facet joint hypertrophy. There is no tenderness over the sciatic notches. There is no tenderness over the flanks, bilaterally. There is no tenderness over the coccyx. Decreased sensation over the left S1 dermatome distribution. Straight leg raise is positive on the left Patient's medications include Wellbutrin, Norco, Codeine #3, and Neurontin. Per progress report dated 07/09/15, the patient is temporarily totally disabled. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. In this case, the patient continues to experience back pain. Review of provided medical records shows no evidence the patient previously receiving any Acupuncture treatments. Given patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. The request for 6 treatments of Acupuncture appears to be reasonable and recommended by MTUS. Therefore, the request IS medically necessary.

**Chiropractic Sessions 2x3 (Lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

**Decision rationale:** The patient presents with central back pain as well as LEFT leg pain from the anterior and posterior thigh, with numbness in the LEFT calf and foot. The request is for CHIROPRACTIC SESSIONS 2X3 (LUMBAR). The request for authorization is dated 07/13/15. MRI of the lumbar spine 05/13/15, shows L4-L5: there is a 3 mm circumferential disc bulge with central annular fissure, there is mild bilateral neural foraminal narrowing, there is bilateral facet joint hypertrophy; L5-S1: there is a 3 mm circumferential disc bulge with a superimposed 7 to 8 mm broad-based LEFT subarticular zone disc protrusion, there is mild bilateral neural foraminal narrowing, there is moderate spinal canal stenosis measuring less than 8 mm in AP dimension with impingement on the LEFT transiting S1 nerve root. Physical examination reveals in palpation there is no palpable tenderness of the paravertebral muscles, bilaterally. There is no evidence of tenderness over the sacroiliac joints, bilaterally, there is bilateral facet joint hypertrophy. There is no tenderness over the sciatic notches. There is no tenderness over the flanks, bilaterally. There is no tenderness over the coccyx. Decreased sensation over the left S1 dermatome distribution. Straight leg raise is positive on the left Patient's medications include Wellbutrin, Norco, Codeine #3, and Neurontin. Per progress report dated 07/09/15, the patient is temporarily totally disabled. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater does not discuss the request. Review of provided medical records do not indicate prior chiropractic treatment. The patient continues with back

pain with lower extremity symptoms. Given the patient's condition, a short course of chiropractic treatment would be appropriate. MTUS allows a trial of 6 visits over 2 weeks with evidence of objective functional improvement. The request for 6 sessions of Chiropractic Therapy appears to be reasonable. Therefore, the request IS NOT medically necessary.