

<b>Case Number:</b>	CM15-0183836		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female, who sustained an industrial-work injury on 10-15-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, lumbar radiculopathy, lumbar Herniated Nucleus Pulposus (HNP) and lumbar spinal stenosis. Medical records dated (2-4-15 to 6-24-15) indicate that the injured worker complains of constant low back pain that radiates to both legs and associated with numbness and tingling. The pain worsens with prolonged standing. The medical record dated 6-24-15 the physician indicates that the injured worker states that the pain is better and rates the pain 2 out of 10 on pain scale. The medical record dated 6-1-15 the chiropractor physician indicates that she has finished 5 out of the 6 authorized sessions and has responded to care in a positive manner. She reports less pain with prolonged standing and sitting but continues to note impairment with forward bending and lifting. He indicates that objectively she has demonstrated improvement in forward flexion from initial presentation of 30 degrees and as of 6-1-15 she was able to forward flex to 50 degrees. Per the treating physician report dated 6-24-15 the injured worker has returned to work with modified duties. The physical exam dated 6-24-15 reveals that there is numbness and weakness bilateral L5 and S1. The straight leg raise and bowstring are positive bilaterally. There is difficulty with heel and toe walk bilaterally. There is positive lumbar tenderness, muscle spasms, and lumbar range of motion is decreased by 20 percent. Treatment to date has included pain medication including Ultram, Lidoderm patch, Mobic and Flexeril, home exercise program (HEP), gym, acupuncture at least 6 sessions, physical therapy at least 18 sessions, chiropractic at least 6 sessions and epidural steroid injection (ESI) 6-16-15

with temporary relief. Magnetic resonance imaging (MRI) dated 3-9-15 reveals diffuse lumbar spondylosis most severe at L4-5 level with mild diffuse disc bulge with right sided annular tear, along with facet arthropathy, there is mild to moderate bilateral foraminal narrowing. The request for authorization date was 6-25-15 and requested services included Chiropractic care 2 times weekly lumbar spine quantity of 8 and Lumbar epidural steroid injection. The original Utilization review dated 8-20-15 non-certified the request for Chiropractic care 2 times weekly lumbar spine quantity of 8 as per the guidelines there is no documentation of objective functional improvement with the previous chiropractic treatment and no documentation of how many previous visits were completed. The request for Lumbar epidural steroid injection was non-certified as per the guidelines there is no documentation of the injured worker having 50 percent or greater improvement for 6-8 weeks with the previous injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiro care 2 times weekly lumbar spine qty: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant sustained a work injury in October 2014 occurring while working as a bus operator when she was reaching to close a compartment while driving and is being treated for radiating low back pain. When seen, there had been temporary benefit after an epidural steroid injection that had been done 8 days before. She was requesting another injection as well as additional chiropractic care. Physical examination findings included positive straight leg raising with an antalgic gait. There was lower extremity numbness and weakness at L5 and S1. There was decreased lumbar range of motion. A repeat epidural steroid injection and additional chiropractic treatments were requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of treatments already provided and any functional improvement is not documented. The request is not medically necessary.

**Lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in October 2014 occurring while working as a bus operator when she was reaching to close a compartment while driving and is

being treated for radiating low back pain. When seen, there had been temporary benefit after an epidural steroid injection that had been done 8 days before. She was requesting another injection as well as additional chiropractic care. Physical examination findings included positive straight leg raising with an antalgic gait. There was lower extremity numbness and weakness at L5 and S1. There was decreased lumbar range of motion. A repeat epidural steroid injection and additional chiropractic treatments were requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, although there appears to have been a positive diagnostic response from the injection, the degree of pain relief following the procedure is not adequately documented and the injection was performed less than two weeks before the request was made. No pain scores or degree of pain is documented. A repeat lumbar epidural steroid injection is not medically necessary.