

<b>Case Number:</b>	CM15-0188734		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/17/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 59 year old female, who sustained an industrial injury on 11-17-2013. The medical records indicate that the injured worker is undergoing treatment for cervical strain, cervical spondylosis C4-5, C5-6, and C6-7, moderate bilateral foraminal stenosis C5-6, and post-concussion syndrome. According to the progress report dated 8-19-2015, the injured worker presented with complaints of persistent and constant neck pain, associated with pain and pressure in her head. She has "balance problems". She reports numbness in both hands, but denies radiating arm pain. The level of pain is not rated. The physical examination of the cervical spine reveals moderately restricted range of motion in all planes. The current medications are not specified. Previous diagnostic studies include MRI of the cervical spine (7-9-2014). The MRI reports shows a 4 millimeter disc bulge with diffuse osteophytic ridging C5-6, 3 millimeter disc bulge with diffuse osteophytic ridging at C4-5, 1-2 millimeter right greater than left asymmetric disc bulge C6-7, and left facet hypertrophy C3-4. Treatments to date include medication management and 12 chiropractic care sessions (improves range of motion). Work status is described as permanent and stationary. The original utilization review (9-15-2015) had non-certified a request for Ultracet, 12 chiropractic care sessions, and cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care 12 sessions:** 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 November 2013 and is being treated for injuries sustained when she was punched by a patient while assisting with the patient's homecare. She had physical therapy which was discontinued due to more frequent episodes of dizziness and dysequilibrium. A cervical epidural steroid injection was performed in September 2014. From 06/12/15 through 08/04/15 12 chiropractic treatments were provided. In July 2015 medications were ibuprofen and lisinopril. When seen, she was having persistent and constant neck pain and hand numbness. She denied radiating arm pain. Physical examination findings included decreased and painful cervical range of motion. There were no gross motor or sensory deficits. A cervical epidural steroid injection and additional chiropractic treatments were requested. Ultracet was prescribed. 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, functional improvement is not documented. The number of additional treatment sessions requested is in excess of the guideline recommendation. The request is not medically necessary.

**Cervical Epidural Steroid Injection (ESI):** 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 November 2013 and is being treated for injuries sustained when she was punched by a patient while assisting with the patient's homecare. She had physical therapy which was discontinued due to more frequent episodes of dizziness and dysequilibrium. A cervical epidural steroid injection was performed in September 2014. From 06/12/15 through 08/04/15 12 chiropractic treatments were provided. In July 2015 medications were ibuprofen and lisinopril. When seen, she was having persistent and constant neck pain and hand numbness. She denied radiating arm pain. Physical examination findings included decreased and painful cervical range of motion. There were no gross motor or sensory deficits. A cervical epidural steroid injection and additional chiropractic treatments were requested. Ultracet was prescribed. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as

decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The claimant denies current radicular pain. The requested epidural steroid injection is not considered medically necessary.

**Ultracet:** 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): Opioids, criteria for use.

**Decision rationale:** The claimant sustained a work injury in November 2013 and is being treated for injuries sustained when she was punched by a patient while assisting with the patient's homecare. She had physical therapy which was discontinued due to more frequent episodes of dizziness and dysequilibrium. A cervical epidural steroid injection was performed in September 2014. From 06/12/15 through 08/04/15 12 chiropractic treatments were provided. In July 2015 medications were ibuprofen and lisinopril. When seen, she was having persistent and constant neck pain and hand numbness. She denied radiating arm pain. Physical examination findings included decreased and painful cervical range of motion. There were no gross motor or sensory deficits. A cervical epidural steroid injection and additional chiropractic treatments were requested. Ultracet was prescribed. Ultracet (tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there was no assessment of pain levels or intensity when it was prescribed. The request cannot be accepted as being medically necessary.