

Case Number:	CM15-0208678		
Date Assigned:	10/27/2015	Date of Injury:	04/24/2015
Decision Date:	12/14/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/23/2015

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 49 year old female, who sustained an industrial injury on 04-24-2015. She has reported injury to the neck, left shoulder, and low back. The diagnoses have included cervical sprain-strain; cervical disc herniation without myelopathy; left shoulder contusion; lumbar sprain-strain; lumbar disc herniation without myelopathy; and lumbar degenerative joint disease-degenerative disc disease. Treatment to date has included medications, diagnostics, activity modification, sling, physical therapy, and chiropractic therapy. Medications have included Tylenol, Motrin, Orphenadrine Citrate ER, Meloxicam, and Omeprazole. A progress report from the treating provider, dated 07-21-2015, documented an evaluation with the injured worker. The injured worker reported constant bilateral shoulder pain, rated at 3 out of 10 in intensity while resting, and at 5 with activities; the pain radiates to the left arm and is associated with weakness; constant neck pain, rated at 4 out of 10 in intensity while resting, and at 6 with activities; the pain is associated with stiffness and radiates to the bilateral shoulder and right trapezius; constant low back pain, rated at 4 out of 10 in intensity while resting, and at 6 with activities; the pain is associated with weakness; she has stiffness in the morning with intermittent burning sensation to the thigh; and her activities of daily living are severely affected due to this pain. Objective findings included tenderness noted in the cervical paravertebral regions and upper trapezius bilaterally; there were trigger points noticeable in the upper trapezius bilaterally; manual muscle testing revealed 4 out of 5 strength with flexion, extension, bilateral rotation, and bilateral flexion; range of motion is decreased; tenderness noted in the lumbar paravertebral region, spinous process, and sacroiliac joint bilaterally; there were trigger points noticeable in the paraspinal muscles bilaterally; heel walk and rolling of the hips were positive with pain;

muscle testing revealed 4 out of 5 strength with flexion, extension, and bilateral lateral bend; and range of motion was restricted due to pain. The treatment plan has included the request for cervical ESI at C7-T1; and chiropractic treatment times 12 for the lumbar spine. The original utilization review, dated 09-21-2015, non-certified the request for cervical ESI at C7-T1; and modified the request for chiropractic treatment times 12 for the lumbar spine, to allow for 6 sessions on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI at C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Epidural Steroid Injections.

Decision rationale: This patient presents with constant bilateral shoulder pain radiating to the left arm with weakness rated 3-5/10, constant neck pain radiating to the bilateral shoulder/right trapezius rated 4-6/10, and constant low back pain with weakness, stiffness, and intermittent burning sensation in her thigh, rated 4-6/10. The provider has asked for Cervical ESI at C7-T1 on 7/21/15. The request for authorization was not included in provided reports. The patient does not have a significant surgical history related to the shoulders, neck, or back per review of reports. The patient is s/p 12 sessions of physical therapy without mention of benefit per 6/25/15 report. The patient is currently using Tylenol extra strength per 6/25/15 report. The patient is currently partially disabled and is on work restrictions per 7/21/15 report. MTUS Guidelines, Epidural Steroid Injections section, page 46 states: "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. ODG-TWC, Neck and Upper back chapter under Epidural steroid injections (ESIs) state: "Not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. These had been recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), with specific criteria for use below. In a previous Cochrane review, there was only one study that reported improvement in pain and function at four weeks and also one year in individuals with radiating chronic neck pain." In this case, the patient has a diagnosis of cervical disc herniation without myelopathy with ongoing cervical and upper extremity pain. The treater does not discuss this request in the reports

provided. Per review of reports, there is no evidence of prior cervical epidural steroid injections. An MRI of cervical spine dated 6/2/15 showed "disc bulge at C4-5 which mildly impresses on the thecal sac, far right lateral disc protrusion and right unciniate arthrosis at C4-5 which produces moderate right neural foraminal narrowing, disc bulge at C5-6 which mildly impresses on the thecal sac and produces mild right neural foraminal narrowing, far right lateral disc protrusion at C6-7 which mildly impresses on the thecal sac and produces mild right neural foraminal narrowing. Apparent straightening of the cervical lordosis." The 7/21/15 progress report documents mildly restricted cervical range of motion, and a neurological examination from C4 through T1 was within normal limits. MTUS requires clear indication of radiculopathy during physical examination along with corroborating diagnostic evidence at the requested level for ESI. However, the recent cervical MRI does not show any pathologies consistent with potential nerve root lesion at C7-T1, and there is a normal neurological exam. Furthermore, ODG does not recommend cervical ESI due to "the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit." Hence, the request for Cervical Epidural Steroid Injection at C7-T1 is not medically necessary.

Chiropractic treatment times 12 for the lumbar spine: Upheld

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

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

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with constant bilateral shoulder pain radiating to the left arm with weakness rated 3-5/10, constant neck pain radiating to the bilateral shoulder/right trapezius rated 4-6/10, and constant low back pain with weakness, stiffness, and intermittent burning sensation in her thigh, rated 4-6/10. The treater has asked for Chiropractic treatment times 12 for the lumbar spine on 7/21/15. The request for authorization was not included in provided reports. The patient does not have a significant surgical history related to the shoulders, neck, or back per review of reports. The patient is s/p 12 sessions of physical therapy without mention of benefit per 6/25/15 report. The patient is currently using Tylenol extra strength per 6/25/15 report. The patient is currently partially disabled and is on work restrictions per 7/21/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, "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." The patient had prior chiropractic treatment in 2008 following a motor vehicle accident, with resolution of her symptoms per 5/5/15 report. The patient also attended chiropractic treatment "for 40 days" which provided "some relief." It appears the 40 recent chiropractic treatments were performed since the original industrial injury in April of 2015. In regard to the request for additional 12 sessions, the treater has stated in general terms that previous chiropractic treatment has been helpful, but has not provided documentation of functional improvement with specific examples. MTUS guidelines indicate that 3-6 sessions of chiropractic therapy are appropriate as a trial, and that additional sessions are contingent upon functional benefits. Without clear documentation of measurable functional improvements attributed to prior chiropractic treatments, the current request for 12 additional sessions cannot be substantiated. Therefore, the request is not medically necessary.