

Case Number:	CM15-0035270		
Date Assigned:	03/03/2015	Date of Injury:	12/04/2012
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 December 4, 2012. She has reported cumulative trauma to the neck, upper extremities and back. The diagnoses have included advanced degenerative disc disease, and bilateral wrist carpal tunnel syndrome. Treatment to date has included physical therapy, medications, and chiropractic treatment. Currently, the IW complains of low back pain with radiation into the right leg. She reports her symptoms to be progressively worsening, with prolonged standing, sitting, and walking. She rates her pain as 7/10. She reports chiropractic treatment to have helped decrease her pain. Physical findings are indicated to be tightness and spasms in the lumbar region. Lumbar range of motion is: flexion 50 degrees, extension 20 degrees, and bilateral lateral bending 20 degrees. Testing reveals a positive bilateral straight leg raise test. The records indicate she has completed at least 18 chiropractic sessions, and relief has only been slight. On February 17, 2015, Utilization Review non-certified lumbar epidural steroid injection at L4-L5, and L5-S1, and chiropractic visits, two times weekly for five weeks, for the lumbar spine. The MTUS guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection at L4-L5, and L5-S1, and chiropractic visits, two times weekly for five weeks, for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L4-L5, L5-S1: 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 ESI Page(s): 46-47.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 that radiates to the right leg. The request is for LESI L4-L5, L5-S1. Patient's diagnosis per RFA dated 02/16/15 included herniated lumbar disc. Diagnosis on 01/27/15 included lumbar spine sprain strain, herniated lumbar disc with clinical symptoms of radiculitis/radiculopathy right side. Patient's medications include Norco and Xanax. Patient is temporarily totally disabled, per treater report dated 01/27/15. MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "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." For repeat ESI, MTUS states, "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." Per progress report dated 01/27/15, treater states "...patient would also benefit from lumbar epidural steroid injections since she has exhausted all alternative treatments along with physical therapy and chiropractic treatments in the past with slight relief. Furthermore she continues to work as tolerated which also increases her pain in the lower back. Therefore, in hopes to reduce her ongoing medicine intake and improve functional capabilities. We will also request authorization for lumbar epidural steroid injections... both clinical and diagnostic findings indicate the need for this procedure." The patient presents with low back pain with radicular symptoms and a diagnosis of radiculopathy. Physical examination to the lumbar spine on 01/27/15 revealed spasm and paraspinal tenderness. Range of motion was decreased, especially on extension 20 degrees. Straight leg raise test positive at 75+ degrees bilaterally. Per QME report dated 10/28/14, MRI of the lumbar spine dated 03/29/13 revealed "L4-L5 disc level shows degenerative disc dehiscence of the nucleus pulposus with a 5mm downward protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. Minimal compromise of the AP sagittal diameter of the lumbosacral canal. The neural foramina appear patent. L5-S1 disc level shows degenerative disc dehiscence of the nucleus pulposus with a 5mm downward protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. Minimal compromise of the AP sagittal diameter of the lumbosacral canal. The neural foramina appear patent." In this case, treater has documented radiculopathy, however straight leg raise test at 75 degrees is not considered a positive finding, and MRI findings pertaining to the requested levels indicate patency, which do not support radicular complaints. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies

and/or electrodiagnostic testing. Furthermore, treater has not indicated levels nor sides to be injected. The request does not meet guideline criteria for the procedure. Therefore, the request IS NOT medically necessary.

Chiropractic visits 2x5 L5 Spine: 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 Manual therapy & manipulation, Pain Outcomes and Endpoints Page(s): 58-59, 8.

Decision rationale: Based on the 01/27/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10 that radiates to the right leg. The request is for Chiropractic Visits 2x5 L5 Spine. Patient's diagnosis per RFA dated 02/16/15 included herniated lumbar disc, cervical herniated disc, and bilateral carpal tunnel syndrome. Patient's diagnosis per RFA dated 02/16/15 included herniated lumbar disc. Diagnosis on 01/27/15 included lumbar spine sprain strain, herniated lumbar disc with clinical symptoms of radiculitis/radiculopathy right side. Patient's medications include Norco and Xanax. Patient is continuing with chiropractic care 1x6 for lumbar aggravation, per treater report dated 01/27/15. Patient is temporarily totally disabled, per treater report dated 01/27/15. MTUS 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. Per progress report dated 01/27/15, treater states "medications and chiropractic treatments help decrease pain intensity and allows to continue to work." Given patient's continued symptoms and diagnosis, a short course would be indicated by guidelines. However, treater has not provided a precise treatment history. Furthermore, the current request for 10 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.