

Case Number:	CM15-0085009		
Date Assigned:	05/07/2015	Date of Injury:	12/14/2014
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injury on December 14, 2014. Previous treatment includes medication, acupuncture and cupping. Currently the injured worker complains of neck and shoulder pain described as aching and cramping. The injured worker rated the pain a 6-8 on a 10-point scale. His pain is aggravated by prolonged sitting and prolonged weight bearing, twist and turning and stretching and reaching. Diagnoses associated with the request include head contusion, neck muscle strain, right shoulder internal impingement, bursitis of the right shoulder, contusion, muscle spasm of the back, left knee contusion and post-concussion syndrome. The treatment plan includes medications and modified work activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that a home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain, if any. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. The patient demonstrates no radiating pain or parenthesis in the upper extremities and there is no documentation of dermal pain in the upper extremities. The medical documents provided did not document an abnormal upper extremity motor, sensory and reflex physical examinations. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. The medical documents provided do not provide evidence of cervical radiculopathy. This is the 3rd injection which the guidelines do not recommend. As such, the request for Third cervical epidural steroid injection is not medically necessary.

Chiropractic treatment, 2 times a week for 6 weeks (12 sessions) for cervical & lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropractic treatment, 2 times a week for 6 weeks (12 sessions) for cervical & lumbar spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care: Not medically necessary. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." This request

is in excess of the 6-visit trial recommendation. As such, the request for Chiropractic treatment, 2 times a week for 6 weeks (12 sessions) for cervical & lumbar spine is not medically necessary
Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation.

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective /maintenance care: Not medically necessary. Recurrences/flare-ups -Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." This request is in excess of the 6-visit trial recommendation. As such, the request for Chiropractic treatment, 2 times a week for 6 weeks (12 sessions) for cervical & lumbar spine is not medically necessary.