

<b>Case Number:</b>	CM15-0244160		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial injury on 2-9-2012. According to physician documentation, the injured worker was diagnosed with cervicgia and degeneration of the cervical intervertebral disc. Subjective findings dated 10-29-2015 were notable for discomfort with increasing pain affecting her activities of daily living. Objective data dated 10-29-2015 were notable for lumbar spine spasm with tightness and gluteal tenderness, a positive lumbar tilt with a severe and antalgic gait. On 2-17-2015, an MRI of the cervical spine was performed revealing less than 1mm disc bulge (cervical) C4-5, mild disc space narrowing C5-6 with an approximate 1.2-3.2 mm dorsal spondylotic ridge with mild central canal stenosis. Treatments to date have included physical therapy and at least 25-40 chiropractic treatments, steroid injection and medication. The Utilization Review determination dated 11-19-2015 did not certify treatment/service requested for Chiropractic with modalities 2x's per week for 4-6 weeks cervical and lumbar and epidural steroid injection (ESI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro with modalities 2 x 4-6 cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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

**Decision rationale:** The request is considered not medically necessary. According to the chart, the patient had 25-40 sessions of chiropractic care. Objective improvement in functional capacity was not documented. MTUS guidelines state that elective/maintenance care is not medically necessary for the low back. There are no guidelines for cervical spine. If a reoccurrence or flare-up occurs, there needs to be a re-evaluation of treatment success. If the patient has returned to work, then 1-2 visits, every 4-6 months. However, the patient has already exceeded the maximum number of recommended sessions. Given these reasons, the request is considered not medically necessary.

**Epidural steroid injection (ESI): 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 rationale:** The request for epidural steroid injection is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't consistent documentation of exam findings that show a radiculopathy, demonstrating deficits in motor strength, sensation, or reflexes to corroborate the MRI findings. MRI shows 1mm disc bulge (cervical) C4-5, mild disc space narrowing C5-6 with an approximate 1.2-3.2 mm dorsal spondylotic ridge with mild central canal stenosis. Lumbar MRI shows some multilevel disc bulges with no or mild foraminal narrowing. The request does not specify the level for intended ESI. Therefore, the request is considered medically unnecessary.