

Case Number:	CM14-0111731		
Date Assigned:	09/16/2014	Date of Injury:	09/11/2002
Decision Date:	10/17/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male with an injury date on 09/11/2002. Based on the 06/19/2014 progress report provided by [REDACTED] the patient complains of ongoing lower back pain and shoulder pain. The patients describes his pain as aching, dull, sharp, stabbing, stinging, shooting, severe and radiating. The pain is constant throughout the day and he rates it as a 10/10. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1.Sprains and Strains of Neck 2.Myofascial Pain/Myositis 3.Impingement, Shoulder 4.Cervical Radiculopathy 5.Rotator Cuff syndrome, [REDACTED] is requesting for 6 chiropractic manipulation treatments and a lumbar epidural steroid injection at L5-S1. The utilization review determination being challenged is dated 07/12/2014. [REDACTED] is the requesting provider, and provided treatment reports from 02/27/2012 to 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Manipulation Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the 06/19/2014 report by [REDACTED], this patient presents with ongoing lower back pain and shoulder pain. The treater is requesting for 6 chiropractic manipulation treatments. MTUS guidelines page 58 and 59 recommend a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, up to 18 visits over 6-8 weeks is allowed. Review of 06/19/14 progress report indicates patient has difficulty with sleeping, decrease in ADLs, and overall symptoms worsen since his last visit. The 10/14/2013 report, shows that the patient has had 10 visits dated from 03/08/13 to 10/14/2013 with a pain level of 9-10/10 mentioned at each visit. The treater does not mention how the patient responded to prior treatments. Since it has been quite some time since last chiro treatments, a short course may be reasonable, but the treater must document pain and functional improvement with prior treatments. MTUS does not support chiro treatments unless improvements are documented. Recommendation is for denial.

Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: According to the 06/19/2014 report by [REDACTED], this patient presents with ongoing lower back pain and shoulders pain. The treater is requesting for a lumbar epidural steroid injection at L5-S1. MRI findings of the lumbar spine dated 05/21/2012 for L5-S1 states "there is mild to moderate loss of disc height on the right side associated with endplate irregularity and degenerative signal changes. Asymmetrical broad-based disc bulge is seen with more prominent right foraminal component measuring up to 4 mm." MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient does not describe leg symptoms. Exam findings do not show evidence of nerve root issues. MRI showed right foraminal disc bulge at L5-S1 but there is no description of L5 nerve root symptoms. An ESI would not be indicated without documentation of radiculopathy. Recommendation is for denial.