

<b>Case Number:</b>	CM14-0119622		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 and Rehabilitation and is licensed to practice in Louisiana. 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 52 year old male who sustained an industrial injury to the low back on 2/20/2013, when he slipped and fell backwards onto some crates. He grabbed the crates and was able to slow his fall. He did not feel significant pain and continued working. Symptoms worsened after a few days. Treatment has included at least 20 PT sessions, an unknown number of acupuncture and chiropractic treatments. The 2/17/2014 EMG/NCV was an incomplete study, showed normal sural sensory nerve, the testing was stopped at the patient's request due to decreased tolerance. Imaging study results documented in the medical records include 10/15/2013 cervical spine MRI which provides the impressions: Moderate-severe C6-7 degenerative disc disease with mild 2mm diffuse disc bulging, mild-moderate anterior and mild posterior endplate degenerative changes, normal facet joints and moderate encroachment of the neural foramina at this level (probably chronic); the MRI is otherwise normal with no disc protrusion or spinal stenosis. Imaging study results documented in the medical records include 10/15/2013 lumbar spine MRI which provides the impressions: 1. Mild-moderate 3mm L4-5 diffuse disc bulging without degenerative disc disease with posterior endplate degenerative changes, normal facet joints and mild encroachment upon the neural foramina at this level (age indeterminate). 2. Moderate L5-S1 degenerative disc disease with moderate 5mm diffuse disc bulging, mild posterior endplate degenerative changes, mild degenerative changes of the facet joints and encroachment upon neural foramina at this level (age indeterminate). 3. Oval 8x10mm benign base cyst in the L4 vertebral body near its inferior endplate (chronic); the MRI is otherwise normal with no disc protrusion or spinal canal stenosis. The patient recently presented for orthopedic re-evaluation on 7/22/2014. He reports moderate cervical and lumbar spine pain. He states cervical pain radiates down into the right shoulder area. He also complains of paresthesia in the bilateral hands, right worse than left and bilateral calves, right worse than left.

Physical examination reports paraspinal tenderness and limited ROM of the cervical and lumbar spine. Diagnoses are 1. Non-industrial cervical spine DJD; 2. Cervical sprain/strain with radicular complaints, MRI evidence of 2 mm disc bulge; 3. Non-industrial lumbar spine DJD; 4. 5 mm diffuse disc bulge at L5-S1 per MRI; 5. Per MRI: L4-5) A medium herniated nucleus pulposus with intranuclear pathology is noted. Decreased signal intensity-black-is noted. Slight decreased disc height is noted; 6. L5-S1) A large herniated nucleus pulposus with intranuclear pathology is noted. Pronounced loss of disc height is noted. Requested are course of chiropractic 2 times 4 weeks, SNRB at C6-7, and LESI at L5-S1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic sessions #8:** 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 Page(s): 58-59.

**Decision rationale:** The Chronic Pain Medical Treatment Guideline recommends Manual Therapy and Manipulation for chronic pain if caused by musculoskeletal conditions. A trial of six visits over 2 weeks are recommended with evidence of objective functional improvement. In this case, the number of visits with a chiropractor is unknown and there is a lack of documentation supporting there was any significant function improvement with prior treatment therefore, the request is not medically necessary at this time.

**SNRB at C6-7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nerve root block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Nerve root block references to the same guidelines as Epidural Steroid Injection is recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, there is a lack of supporting documentation pertaining to the physical examination reviews indicating any radicular pain. The request is not supported by the guideline recommendation therefore, it is not medically necessary.

**Lumbar ESI at L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, epidural steroid injection is recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, there is a lack of supporting documentation pertaining to the physical examination reviews indicating any radicular pain. The request is not supported by the guideline recommendation therefore, it is not medically necessary.