

Case Number:	CM14-0129603		
Date Assigned:	09/29/2014	Date of Injury:	03/19/2014
Decision Date:	11/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 injured worker is a 56-year-old male, who reported injury on 03/19/2014. The mechanism of injury was motor vehicle accident. The surgical history was noncontributory. The injured worker underwent x-rays of the cervical spine. The treatments included physical therapy and chiropractic care. The injured worker's medications included Norco 10/325 mg 1 every 6 hours. The injured worker underwent a magnetic resonance imaging (MRI) of the cervical spine on 06/19/2014. At the level of C2-3, there was disc desiccation present. There was no significant disc bulging or protrusion present. The canal and neural foramina were patent. The facet joints were intact. At C3-4, there was disc desiccation with a 2 mm right lateral foraminal disc protrusion present. There was a mild right neural foraminal narrowing. The central canal and left neural foramina were patent. The facet joints were mildly hypertrophic. At C4-5, there was disc desiccation with a 1 mm broad based central disc protrusion present. There was no significant canal or neural foraminal stenosis present. The facet joints were hypertrophic. At C5-6, there was disc desiccation present. There was 1 mm of diffuse broad based disc bulging present. The facet joints were hypertrophic. The canal and neural foramina were patent. At C6-7, there was disc desiccation present. There was 2 to 3 mm of diffuse broad based disc bulging present. There was mild bilateral uncovertebral joint arthropathy along with degenerative changes of the facet joints. There was severe right and moderate left neural foraminal stenosis. Clinical correlation for the left C7 nerve root impingement was recommended. At C7-T1, there was no significant disc bulging or protrusion. The canal and neural foramina were patent. Hypertrophic changes of the facet joints were present. Documentation of 06/26/2014 revealed that the injured worker had decreased range of motion in the cervical spine. The injured worker's reflexes were 2+ bilaterally; motor strength and sensation were normal bilaterally. The diagnoses included thoracic and cervical strain. The treatment plan included chiropractic care 3

x2 cervical and thoracic and epidural block x1. There was no documented rationale or Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Block for the cervical spine and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend epidural steroid injections when there is documentation of radiculopathy that is corroborated by imaging or electrodiagnostics. There should be documentation of a failure of conservative care, including physical medicine, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had motor strength and sensation as well as reflexes that were within normal limits. There was a lack of documentation indicating the injured worker had radiculopathy. The documentation of the magnetic resonance imaging (MRI) revealed the injured worker may have nerve impingement at C7. However, there were no specific myotomal and dermatomal findings indicating decreased sensation. The request as submitted failed to indicate the level and laterality for the request. There was a lack of documented rationale for the request. Given the above, the request for epidural block for the cervical spine and thoracic spine is not medically necessary.

Chiropractic Therapy three times a week for two weeks for the cervical spine and thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. Clinical documentation submitted for review indicated the injured worker had prior manual therapy. There was a lack of documentation of objective functional benefit. The quantity of sessions was not provided. Additionally, there was a lack of documentation indicating a rationale for the request. Given the above, the request for chiropractic therapy three times a week for two weeks for the cervical spine and thoracic spine is not medically necessary.

