

<b>Case Number:</b>	CM14-0216326		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: North Carolina, Georgia  
 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 with a date of injury as 05/20/2011. The cause of the injury was not included in the documentation received. The current diagnoses include neck pain with radicular symptoms to the upper extremities, low back pain with radicular symptoms to the lower extremities, and disc protrusions at L3-4, L4-5, and L5-S1 as well as an annular tear at L5-S1. Previous treatments include oral medications, prior injection, and prior chiropractic treatments. Physician's report dated 12/26/2014, foot and ankle procedure report dated 12/16/2014, and shoulder procedure report dated 11/25/2014 were included in the documentation submitted for review. Report dated 12/26/2014 noted that the injured worker presented with complaints that included neck pain and low back pain. Physical examination revealed paracervical muscle tenderness, paravertebral muscle tenderness in the low lumbar region, and straight leg raise was positive. The physician noted that the injured worker had positive findings on MRI of disc protrusions at L3-4, L4-5, and L5-S1 and an annular tear at L5-S1, but the date of the MRI and actual report were not included. The utilization reviewer noted that the injured worker had undergone a prior transforaminal epidural steroid injection, but there was no documentation provided from this date of service, nor was there any documented benefits from the prior injection. The utilization reviewer also noted that the injured worker had also received prior chiropractic treatments, but there was no documentation of how many visits the injured worker has attended or the benefits from the prior treatments. The injured worker's work status was not included in the documentation submitted. The utilization review performed on 12/08/2014 non-certified a prescription for right-sided L5-S1 transforaminal epidural steroid injections under

fluoroscopic guidance based on no documentation of the injured workers prior response to the prior injection and also documentation was limited to support continued radicular symptoms. The request for chiropractic 2x3 weeks for the cervical and lumbar was non-certified based on limited evidence to support functional improvement from prior chiropractic treatments. The reviewer referenced the California MTUS in making this decision.

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

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

**Right-sided L5-S1 transforaminal epidural steroid injections under fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is no documentation of 50% or greater reduction in pain after the prior injections. Epidural steroid injection is not medically indicated.

**Chiropractic 2 x 3 weeks cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. In this case, there is no clear documentation of functional improvement with prior chiropractic treatments. Therefore, ongoing chiropractic therapy is not medically indicated and the request for 2 x 3 cervical and lumbar chiropractic therapy is denied.

