

Case Number:	CM15-0129904		
Date Assigned:	07/16/2015	Date of Injury:	09/12/2014
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on September 12, 2014. He reported neck, mid and low back pain. Treatment to date has included acupuncture, epidural steroid injection, MRI, back brace, medication, physical therapy and chiropractic care. Currently, the injured worker complains of neck, shoulder, mid back, low back and left leg pain described as sharp and shooting back and leg pain associated with numbness and tingling. The pain is exacerbated with bending, stooping and heavy lifting and is rated at 5 on 10. The pain is relieved with medications and rest. The injured worker is diagnosed with lumbar herniated disc and contusion (lower back). His work status is return to work with modifications. An acupuncture note dated January 27, 2015 states a decrease in muscle spasms were noted after treatment and one dated March 3, 2015 states decrease in pain and muscle spasms were noted. A note dated February 11, 2015 states the injured worker experienced pain relief from chiropractic care. A note dated March 17, 2015 states the injured worker did not experience any significant relief from the back brace, physical therapy, anti-inflammatory medication or acupuncture. A note dated June 9, 2015 states the injured worker experienced temporary relief from the steroid injection lasting approximately 4 to 6 weeks and a decrease in pain of 80%. The following modalities, L4-L5 interlaminar (left eccentric) epidural steroid injection (to relieve pain and previous efficacy) and chiropractic therapy 2 times a week for 3 weeks for the lumbar spine (for pain relief and previous efficacy) are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 interlaminar, left eccentric epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for neck, mid back, and radiating low back pain. In April 2015, treatments had included acupuncture and chiropractic care without significant relief. He wanted to have an epidural steroid injection. An L4/5 interlaminar epidural steroid injection was performed on 05/21/15. In follow-up on 06/09/15 there had been pain relief of 80% after the injection. A second injection was being requested. He had pain rated at 5/10 with low back and left lower extremity pain and numbness and tingling. There was decreased and painful lumbar spine range of motion with multiple tender and trigger points. Straight leg raising was positive and there was decreased lower extremity sensation. Authorization for a second epidural steroid injection was requested. Guidelines recommend that at the time of initial use of an epidural steroid injection (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. There should be an interval of at least one to two weeks between injections. In this case, there was pain relief after the first injection more than 2 weeks before. The requested second epidural steroid injection meets the applicable criteria and was medically necessary.

Chiropractic therapy 2 times a week for 3 weeks for the lumbar spine: 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, p58.

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for neck, mid back, and radiating low back pain. In April 2015, treatments had included acupuncture and chiropractic care without significant relief. He wanted to have an epidural steroid injection. An L4/5 interlaminar epidural steroid injection was performed on 05/21/15. In follow-up on 06/09/15 there had been pain relief of 80% after the injection. A second injection was being requested. He had pain rated at 5/10 with low back and left lower extremity pain and numbness and tingling. There was decreased and painful lumbar spine range of motion with multiple tender and trigger points. Straight leg raising was positive and there was decreased lower extremity sensation. Authorization for a second epidural steroid injection was requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of

up to 18 visits over 6-8 weeks. In this case, the claimant has already had chiropractic care without significant benefit. Additional chiropractic treatments are not medically necessary.