

Case Number:	CM15-0074871		
Date Assigned:	04/24/2015	Date of Injury:	11/22/2013
Decision Date:	05/27/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/20/2015

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: Ohio, North Carolina, Virginia
 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 39 year old male who sustained a work related injury November 22, 2013. Treatment included physical therapy, chiropractic therapy and medication. According to a treating physician's progress report, dated February 16, 2015, the injured worker presented with complaints of low back pain, rated 5/10, radiating across the back and down the back of the left leg stopping at the knee and continuing on to the anterior portion of the leg down to the top of the foot. The back pain accounts for 90% and the leg pain 10% of his total pain per day. An MRI performed July 3, 2014, revealed a left paracentral disc herniation impinging on the L4 nerve root and possibly L5 nerve root. Current medication includes Flexeril, ibuprofen, and Vicodin. Diagnosis is documented as back pain. Treatment plan included request for authorization for additional chiropractic treatments x 6 for the lumbar spine and pain management evaluation for epidural steroid injection (ESI) for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management evaluation for ESI for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines

Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this instance, the neurologic examination fails to reveal any physical evidence of a radiculopathy. Physical examination findings of radiculopathy are required by the guidelines for an epidural steroid injection. Consequently, a pain management evaluation for an epidural steroid injection of the lumbar spine is not medically necessary and appropriate.

Chiropractic treatments x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back. Manipulation.

Decision rationale: ODG Chiropractic Guidelines: Therapeutic care Mild: up to 6 visits over 2 weeks Severe: Trial of 6 visits over 2 weeks. Severe: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. Severe may include severe sprains/strains (Grade II-III) and/or non-progressive radiculopathy. (The ODG Chiropractic Guidelines are the same for sprains and disc disorders.) In this instance, the injured worker has received 24 sessions of physical therapy. The references to chiropractic care are brief, and report improvements up to 75-80% at the completion of 2 previous rounds of manipulation. No actual treatment notes are provided. What constituted improvement is not addressed be it pain, improved range of motion, greater ability to lift/push/pull, etc. The number of sessions already completed exceeds that allowed by the guidelines. No documentation regarding potential functional improvement is available in the submitted documentation.

Therefore, an additional 6 chiropractic treatments for the lumbar spine is not medically necessary and appropriate.