

Case Number:	CM13-0015260		
Date Assigned:	03/03/2014	Date of Injury:	07/24/2012
Decision Date:	04/22/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 7/24/12. A utilization review determination dated 8/7/13 recommends non-certification of cervical ESI at C5-6 and PT 2 x 6 for the cervical spine, noting that the 3/12/13 EMG showed findings consistent with an active bilateral C6 cervical radiculopathy and the 7/24/13 medical report noted left arm numbness and 4+/5 hand intrinsic strength. 3/12/13 MRI identifies bilateral foraminal stenoses at C5-6 and C6-7, with impingement upon the right exiting nerve roots at C6-7. 4/17/13 medical report notes that CESI at C6-7 failed to provide any benefit for the patient's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL EPIDURAL STEROID INJECTION (ESI) AT C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID I.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26, EPIDURAL STEROID INJECTIONS (ES).

Decision rationale: Regarding the request for outpatient cervical epidural steroid injection (ESI) AT C5-6, California MTUS cites that ESI is recommended as an option for treatment of radicular

pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is documentation of EMG findings suggestive of active bilateral C6 cervical radiculopathy. An MRI showed bilateral foraminal stenoses at C5-6 and C6-7, with impingement upon the right exiting nerve roots at C6-7. Clinically, the documentation does not clearly identify physical examination findings of radiculopathy and a prior ESI at C6-7 gave no benefit. In light of the above issues, the currently requested outpatient cervical epidural steroid injection (ESI) AT C5-6 is not medically necessary.

OUTPATIENT PHYSICAL THERAPY TWO (20 TIMES PER WEEK SIX (60 WEEKS FOR CERVICAL SPINE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26, PHYSICAL MEDICINE, PAGES 98-99.

Decision rationale: Regarding the request for physical therapy, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, the patient has a longstanding injury and it appears that PT has been utilized in the past, but there is no documentation of significant functional deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested physical therapy is not medically necessary.