MAXIMUS Federal Services

Case Number:	CM13-0018959		
Date Assigned:	12/11/2013	Date of Injury:	05/20/2009
Decision Date:	01/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine 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 physician 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 patient worked as a housekeeper. On May 20, 2009, the patient was cleaning a room and placing a mattress against a wall when a table was about to fall. As she went to hold onto the table, the mattress fell, striking the patient's right hand/wrist. The patient denies any injury or pain to her neck at that time. She reported the injury and was seen at a clinic where she was examined with x-rays of the right hand obtained and medication prescribed. She was returned to modified job duties but performed her regular job duties. She continued to treat at the clinic and was then seen by a hand specialist, [redacted] who examined the patient and prescribed medication. She was referred for an MRI study of her right hand, with surgery recommended and performed to her right hand in August 2010. The surgery was performed by [redacted]. The patient was off work for approximately 8 months and attended postoperative PT with little in the way of benefit. In approximately April 2011, the patient returned to modified job duties. On an unrecalled date, the patient states she sustained a specific injury to her neck and low back after lifting a heavy bag of wet mops. She reported the injury and was referred to a clinic where she was examined with x rays obtained and medication prescribed. She was returned to modified job duties, which she performed with ongoing symptoms. She was only seen at the clinic on one occasion and notes that she has reported her neck and low back pain to [redacted] but has received no treatment. Sometime in 2012, the patient was seen by [redacted] who referred the patient for an MRI study of her neck, which was performed in July 2012. An O5/28/13 - MRI Study of the Cervical Spine Impression: There is degenerative spondylosis with cervical or thoracic scoliosis and reversal of curvature at C4-5 with mildly anteriorly subluxed C4 vertebra. There are partially fused C5-6 vertebral bodies to the left of midline. There is also a partially fused appear

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection (CESI) with facet injection at C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet point therapeutic steroid injections

Decision rationale: Cervical ESI with facet injections C4-5 are not medically necessary per MTUS guidelines. There are no guidelines that recommend cervical epidural steroid injections in conjunction with facet injections therefore this is not medically necessary. Patient has a C6 radiculopathy and therefore does not meet criteria of a having a radiculopathy at C4-5.

Post-op physical therapy 3 x 3, 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 Page(s): 46,99.

Decision rationale: Post Op Physical Therapy 3x3, cervical spine is not medically necessary as Cervical ESI with facet injections C4-5 are not medically necessary and therefore post op PT is not medically necessary.