MAXIMUS Federal Services

Case Number:	CM13-0035733		
Date Assigned:	12/13/2013	Date of Injury:	08/08/2012
Decision Date:	02/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 is a 51-year-old female who reported an injury on 07/01/2006 due to repetitive trauma while performing normal job duties. Prior treatments included physical therapy for the cervical spine, lumbar spine, and bilateral wrists, and medication management. The patient underwent an electrodiagnostic study in 02/2013 that revealed mild evidence of carpal tunnel syndrome bilaterally and no evidence of cervical radiculopathy. The patient's most recent clinical examination findings included a positive Speed's test of the cervical spine, a positive bilateral Phalen's test, decreased left hand grip, tenderness to palpation over the left lateral deltoid, supraspinatus, and anterior shoulder and the intertubular groove, and tenderness to palpation over the cervical paraspinal musculature, upper trapezius, and rhomboid muscles. The patient also had palpable tenderness of the lumbosacral spine. The patient had limited range of motion in the cervical and lumbar spine. The patient's diagnoses included cervical disc bulge with radiculitis, bilateral carpal tunnel syndrome, lumbar disc bulge with radiculopathy, shoulder tendinitis bilaterally, and thoracic outlet syndrome. The patient's treatment plan included physiotherapy 2 times a week for 4 weeks, psychological evaluation, cervical spine epidural steroid injection, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy, eight (8) sessions two (2) times four (4), lumbar spine, cervical spine, and bilateral hands/wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG, Integrated Treatment/Disability Duration Guidelines, Low Back, Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

Decision rationale: The requested physiotherapy, eight (8) sessions two (2) times four (4), lumbar spine, cervical spine, and bilateral hands/wrists is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously received physical therapy for these body parts. There is no documentation of significant functional benefit as it is related to prior therapy. The California Medical Treatment and Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although a short course of physical therapy may be appropriate to re-establish and re-educate the patient in a home exercise program, the requested sessions are in excess of that recommendation. Therefore, it is not supported. As such, the requested physiotherapy, eight (8) sessions two (2) times four (4), lumbar spine, cervical spine, and bilateral hands/wrists is not medically necessary or appropriate.

Cervical spine epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation epidural steroid injections (ESIs).

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

Decision rationale: The requested cervical spine epidural steroid injection is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone an MRI of the cervical spine. However, that MRI was not specifically provided for review. The California Medical Treatment and Utilization Schedule recommends epidural steroid injections for patients with radicular symptoms identified by physical examination and corroborated by an imaging study and/or an electrodiagnostic study that have failed conservative treatment. The clinical documentation submitted for review did not contain an MRI. However, it did contain an electrodiagnostic study that did not provide any evidence of cervical radiculopathy. Additionally, there were very limited exam findings that did not clearly establish radiculopathy of the cervical spine. As such, the requested cervical spine epidural steroid injection is not medically necessary or appropriate.

Topical transdermal creams to apply as needed for pain, unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested topical transdermal creams to apply as needed for pain, unspecified is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not recommend the use of topical compounds as they are largely ineffective and supported by very few randomized controlled studies. Additionally, the request does not provide the individual agents of the compound to determine the medical necessity of the topical agents. As such, the requested topical transdermal creams to apply as needed for pain, unspecified is not medically necessary or appropriate.