

Case Number:	CM13-0036226		
Date Assigned:	12/13/2013	Date of Injury:	02/15/2013
Decision Date:	02/26/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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, and Pain Management has a subspecialty in Interventional Spine 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 is a 36-year-old male with date of injury on 02/15/2013. The progress report dated 10/23/2013 by [REDACTED] indicates the patient is diagnosed with disk disorder cervical; cervical pain; cervical radiculopathy; pain in joint, lower leg, left. Cervical spine MRI dated 08/19/2013 indicates a 3-mm dorsal disk spur; C6-C7 foraminal stenosis, mild to moderate right C5-C6. The patient has recently had a significant exacerbation of pain in the cervical spine likely due to military press exercise with physical therapy. Patient rates his pain at a 6/10. He reports neck pain with associated radiating pain from the neck down the left arm. The report indicates the patient had a cervical epidural steroid injection in June of 2012 by [REDACTED] with no relief. It is unclear what level or site the injection was given. The 08/19/2013 MRI of the cervical spine indicates a C4-C5 and C6-C7 3-mm disk with severe left foraminal stenosis at C6-C7. It has indicated that this is worse from previous C6-C7 and C4-C5 herniated nucleus pulposus is new from previous MRI. EMG (Electromyography) from 11/27/2012 reports left C7 radiculopathy. Physical exam includes restricted range of motion of the cervical spine, positive Spurling's maneuver for radicular symptoms to the left upper extremity. Tenderness is noted at the cervical spine, paracervical muscles, and trapezius. Sensory exam on the left upper extremity indicates decreased sensation to pinprick over the index finger, middle finger on the left side, absent over volar fingertip digit 2 and 3 on the left side, and in C5-C7 dermatomes on the left arm. Due to his significant exacerbation, the treating physician was re-requesting a cervical epidural steroid injection as well as physical therapy with a new therapist, acupuncture 12 visits, chiropractic 12 visits. The 11/19/2013 progress report indicates that the patient underwent the requested cervical epidural steroid injection on 11/11/2013. The patient now reported with intermittent and less severe radiating arm pain, current pain was scored at 2/10 compared to the 6/10 reported earlier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Epidural Steroid Injection at Left C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The records indicate that the patient has recently experienced an exacerbation of neck pain and left upper extremity radicular symptoms from an injury dated 02/15/2013. The treater states that the patient has a diagnosis of radiculopathy and documents on physical exam sensory deficit, the C6-C7 dermatomes on the left upper extremity. MRI dated 08/19/2013 showed 3-mm dorsal disk spur, C6-C7 foraminal stenosis, mild to moderate right C5-C6. MTUS Guidelines regarding epidural steroid injection to the cervical spine required that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. In this patient, while the patient has clear radicular symptoms, the 3mm dorsal spur nor the contralateral foraminal stenosis to the patient's left arm symptoms do not corroborate radiculopathy clearly. For repeat injections, MTUS requires 50% pain reduction and functional improvement lasting at least 6-8 weeks. In this patient, the patient's prior injection from 2012 did not result in significant reduction of pain or improvement in function. Therefore, Decision for Epidural Steroid Injection at Left C7-T1 is not medically necessary and appropriate.

Decision for Physical Therapy two times a week for six weeks #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG-TWC , acute & chronic Neck& Upper Back Complaints (Updated 05/14/13)

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

Decision rationale: The patient continues with moderate to severe neck pain with radicular symptoms in the left upper extremity. The patient had exacerbation while performing overhead military press during the physical therapy sessions. It is unclear how many sessions the patient had completed at that time. The treating physician was requesting additional 12 sessions. The MTUS Guidelines page 98, 99 regarding physical medicine recommends 8 to 10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified. The request for 12 additional physical therapy sessions exceeds the guideline recommendation. Therefore, Decision for Physical Therapy two times a week for six weeks #12 is not medically necessary and appropriate.

