

Case Number:	CM13-0036463		
Date Assigned:	12/13/2013	Date of Injury:	08/25/2009
Decision Date:	02/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 Neurology, 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 is a 39 year old woman who sustained a work related injury on December 29, 2009. She subsequently developed chronic right shoulder and lumbar spine pain. Her lumbar MRI showed disc disease. She was treated with Soma, Lyrica, Xanax and Percocet; however she still has a pain level of 8/10. Physical examination showed tenderness in the cervical and lumbar spine with reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) Lumbar Epidural Steroid Injection: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the California MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The medical records do not indicate that the patient is a candidate for surgery. In addition, there is not any clinical and objective documentation of radiculopathy and the California MTUS guidelines do not

recommend epidural injections for back pain without radiculopathy. Therefore the request for one (1) Lumbar Epidural Steroid Injection is not medically necessary and appropriate.

one (1) Cervical Epidural Steroid Injection: 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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173,309.

Decision rationale: According to the California MTUS guidelines, cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. An epidural steroid injection is an option for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The medical records do not indicate that the patient is a candidate for surgery. In addition, there is not any clinical and objective documentation of radiculopathy and the California MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore the request for one (1) Cervical Epidural Steroid Injection is not medically necessary and appropriate.

one (1) Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Examinations and Consultations: p 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: According to the California MTUS guidelines, the presence of red flags may indicate the need for a specialty consultation. The requesting physician should provide a documentation supporting the medical necessity for a pain management specialist evaluation. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case there is not any documentation to indicate the need for a specialty consultation. Therefore, the request for a pain management consultation is not medically necessary and appropriate.

12 Physical Therapy sessions for the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: According to the California MTUS guidelines, physical therapy is indicated for neck disorders. However, the medical records do not document the effectiveness of previous physical therapy sessions and there is not a reason indicated for the amount of physical therapy requested. Therefore, the request for 12 physical therapy sessions for the cervical spine is not medically necessary and appropriate.

12 Physical Therapy sessions for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: According to the California MTUS guidelines, physical therapy is indicated for neck and back disorders. However, the medical records do not document the effectiveness of previous physical therapy sessions and there is not a reason indicated for the amount of physical therapy requested. Therefore, the request for 12 physical therapy sessions for the lumbar spine is not medically necessary and appropriate.

12 physical therapy sessions for the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: According to the California MTUS guidelines, physical therapy is indicated for shoulder disorders. However, the medical records do not document the effectiveness of previous physical therapy sessions and there is not a reason indicated for the amount of physical therapy requested. Therefore, the request for 12 physical therapy sessions for the bilateral shoulders is not medically necessary and appropriate.