

Case Number:	CM13-0043232		
Date Assigned:	06/09/2014	Date of Injury:	07/03/2013
Decision Date:	07/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 59 year-old worker was evaluated by occupational medicine on July 29, 2013 for work-related injury dated July 3, 2013. The mechanism of injury was reported to be cumulative and repetitive. The diagnosis was repetitive strain injury and right upper limb pain. She had an occupational medicine visit on September 25, 2013 and it was stated that she was last seen on September 11, 2013 for neck pain, right upper extremity pain with RSI, exacerbated further with fall at work. On that date she had completed 6 sessions of occupational therapy. An MRI that had been obtained on September 8, 2013 was reviewed and reported to demonstrate DJD of the cervical spine with disc bulge at C5-C6 with mild spinal canal stenosis, moderate to severe right moderate left neural foraminal narrowing, C6-C7 moderate bilateral neural foraminal narrowing. The diagnosis on September 25, 2013 was repetitive strain injury and right upper limb pain. The treatment plan included physical therapy and pre-procedure consult with pain management and ESI C5-C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-PROCEDURE CONSULTATION WITH PAIN MANAGEMENT.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the epidural steroid injection was not medically necessary, the pre-procedure consultation for epidural steroid injection was not medically necessary.

EPIDURAL STEROID INJECTION AT THE LEVEL OF C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section 9792.20-9792.26, Epidural Steroid Injection Page(s): 46.

Decision rationale: In order to justify epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Radicular pain is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Although the MRI provided findings that may result in radiculopathy, the history was not suggestive of pain in a dermatomal distribution and there were no objective examination findings to suggest that the workers pain was radicular.

SIX (6) ADDITIONAL PHYSICAL THERAPY SESSIONS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section 9792.20-9792.26 Page(s): 98-99.

Decision rationale: Physical therapy may have been indicated for the treatment of myalgia or radiculitis. California MTUS guidelines recommend 9-10 sessions over 8 weeks for myalgia and 8-10 visits over 4 weeks for radiculitis. The request for 6 more sessions of physical therapy would have exceeded these guidelines. Furthermore, objective evidence of functional improvement was lacking in the documentation to justify continued physical therapy. Functional improvement should have been measured during the history and physical exam to document either a clinically significant improvement in activities of daily living or a reduction in work restrictions.