

Case Number:	CM13-0044214		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2010
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation, 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 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:

The patient is a 61 year old female with a date of injury of 03/01/2010. The listed diagnoses per [REDACTED] are: 1. Post cervical laminectomy syndrome 2. Cervical spondylosis 3. Cervical radiculopathy 4. Cervical canal stenosis 5. Occipital neuritis 6. Headaches 7. Costochondritis
Final Determination Letter for IMR Case Number [REDACTED] According to report dated 08/06/2013 by [REDACTED], the patient presents with neck and bilateral upper extremity pain that radiates from the shoulders to the hands with intermittent tingling and numbness into the hands. The treater is requesting an epidural steroid injection at C7-T. This patient has had a cervical discectomy and fusion at C5-6 and C6-7 on June 21, 2012. CT scan of the cervical on 01/28/13 demonstrated, fusion mass appears grossly intact, well corticated densities, 3-4mm broad based posterior disc protrusion at C2-3, 1-2mm right posterior protrusion at C3-4, associated hypertrophic facet changes with mild right foraminal stenosis and 2-3mm central disc protrusion at C4-5 with no stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

Decision rationale: This patient presents with neck and bilateral upper extremity pain that radiates from the shoulders to the hands with intermittent tingling and numbness into the hands. Treater is requesting a cervical epidural steroid injection at C7-T1. Utilization review dated 10/18/2013 denied the request stating, prior peer reviews have repeatedly non-certified this request as no objective finding of radiculopathy were present. The MTUS Guidelines page 46 and 47 recommends "ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy." Report dated 09/06/2013 states patient has some radiating pain with intermittent tingling and numbness to the hands. However, the MRI showed only mild disc protrusion at levels C2-5. There is no significant herniation or stenosis that would explain the patient's diffuse bilateral upper extremity pains and symptoms. MTUS requires a clear diagnosis of radiculopathy that include dermatomal distribution of pain/paresthesia with corroborating imaging studies. Such documentation is not provided in this patient. Recommendation is for denial.

PHYSICAL THERPAY TO CERVICAL SPINE 2 TIMES PER WEEK FOR 6 WEEKS:
Upheld

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

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

Decision rationale: This patient presents with neck and bilateral upper extremity pain that radiates from the shoulders to the hands with intermittent tingling and numbness into the hands. The treater is requesting 12 physical therapy sessions for the cervical spine. For physical therapy medicine, the MTUS pg 98 and 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 week. In this case, as physical therapy report dated Final Determination Letter for IMR Case Number [REDACTED] 06/13/2013 documents, this patient has had 25 physical therapy sessions to since injury. Most recent course of therapy was in June 2013. The treater's request for additional 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.