

Case Number:	CM13-0069220		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2010
Decision Date:	04/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 49-year-old female who sustained an unspecified injury on 01/25/2010. The patient was evaluated on 12/06/2013 for continued complaints of cervical spine pain. The documentation submitted for review did not indicate the patient's pain level. The patient's diagnoses were noted as cervicgia and cervicobrachial syndrome. The treatment plan indicated an epidural steroid injection x2 at the C4-6 level and 6 sessions of physical therapy. The documentation submitted for review did not indicate the patient had undergone a surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) CERVICAL EPIDURAL STEROID FACET INJECTIONS AT C4-C5 AND C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines (ESIs).

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

Decision rationale: The request for 2 cervical epidural steroid facet injections at C4-5 and C6-7 is non-certified. California MTUS Guidelines recommend epidural steroid injections for patients

with documented radiculopathy. The documentation dated 12/06/2013 did not have a physical examination included. Furthermore, the request states epidural steroid facet injection and therefore, clarification is needed as to what type of injection. It is unclear if the patient is being requested for an epidural steroid injection or a facet injection. Furthermore, the request submitted for review indicates 2 injections at 2 levels. The Guidelines recommend repeat injections be based on prior injections resulting in objective findings of functional improvement and pain relief. Therefore, the request for 2 sequential injections is not supported. Given the information submitted for review, the request for 2 cervical epidural steroid facet injections is C4-5 and C5-6 is not medically necessary and appropriate.

SIX (6) POST-OPERATIVE PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, (Neck and Upper Back Chapter-Physical Therapy Guidelines)

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

Decision rationale: The request for 6 postoperative physical therapy sessions is non-certified. The documentation submitted for review did not indicate the patient had undergone a surgical procedure. California MTUS, Postsurgical Treatment Guidelines recommend postsurgical physical therapy for patients who have undergone a surgical procedure. However, the number of sessions and duration of treatment varies based on the procedure the patient has undergone. The documentation submitted for review did not indicate what surgical procedure the patient had undergone, if any. Therefore, the use of postoperative physical therapy is not supported. Furthermore, the duration of treatment was not submitted with the request. The duration of treatment is important in ensuring timely reevaluation of patients and modification of treatment to ensure patient progress. Given the information submitted for review, the request for Six (6) Post-operative physical therapy visits is not medically necessary and appropriate.