

Case Number:	CM14-0004180		
Date Assigned:	02/05/2014	Date of Injury:	07/18/2011
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery 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 an employee of [REDACTED] and has submitted a claim for post laminectomy syndrome, cervical region associated with an industrial injury date of July 18, 2011. Treatment to date has included oral analgesics, cervical epidural steroid injection and physical therapy. Medical records from 2013 were reviewed and showed neck pain radiating to the left arm with numbness, weakness and tingling. Physical examination revealed weakness in the left upper extremity; diminished left upper extremity reflexes; and decreased sensation on the C4, C5 and C6 dermatomes. The patient received a cervical epidural steroid injection which provided 50% reduction in pain in an unspecified period of time; due to this and an ongoing symptomatology, a second injection was being requested. The patient has undergone a total of 34 physical therapy sessions. An additional 16 sessions of physical therapy was requested with the goal of reducing pain and inflammation; restoring ROM by facilitating progress in more active treatment programs; and avoiding surgery. However, a progress report dated October 15, 2013 stated that the patient has been unresponsive to conservative treatment, physiotherapy, time, and medical management for at least 3 months. The utilization review dated December 9, 2013 denied the request for 2nd cervical epidural steroid injection at C7-T1 because the date of the last injection was not clearly indicated, thus the duration of at least six to eight weeks of relief was not established. The request for additional 16 sessions of physical therapy was also denied due to no documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 16 SESSIONS 2 TIMES WEEKLY X 8 WEEKS, MULTIPLE NECK INJURY: Upheld

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

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

Decision rationale: As stated on page 114 of the ACOEM Practice Guidelines referenced by CA MTUS, it is important to establish a time-limited treatment plan with clearly defined functional goals. Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that physical medicine is recommended for short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guideline also states that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient has complaints of neck pain with radiculopathy to the left upper extremity for which he has undergone a total of 34 physical therapy sessions. However, a progress report dated October 15, 2013 stated that the patient has been unresponsive to conservative treatment including physiotherapy, time, and medical management for at least 3 months. Given the unresponsiveness to treatment, there are no grounds to support an additional course of physical therapy in this patient. Also, the patient has undergone a considerable amount of physical therapy sessions; it is unclear as to why an independent home exercise program would not suffice to address the remaining functional deficits. Therefore, the request physical therapy 16 sessions 2 times weekly x 8 weeks, multiple neck injury is not medically necessary.

2ND CERVICAL 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 Epidural Steroid Injection Section Page(s): 46.

Decision rationale: Page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injection (ESI) is an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient had a previous cervical epidural steroid injection which reduced the pain by 50%; however, the duration of pain relief was not documented. The guideline recommends a repeat block when at least 50% of pain relief is sustained for 6-8 weeks. Furthermore, the present

request failed to specify the laterality. The medical necessity has not been established. Therefore, the request for a 2nd Cervical Epidural Steroid Injection @ C7-T1 is not medically necessary.