

Case Number:	CM14-0100864		
Date Assigned:	09/16/2014	Date of Injury:	02/13/2013
Decision Date:	10/17/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 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 applicant is a represented [REDACTED], who has filed a claim for chronic neck, shoulder pain and posttraumatic stress disorder reportedly associated with an industrial injury of February 13, 2013. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for 12 followup visits with a psychologist and denied a request for a cervical epidural steroid injection, stating that the applicant did not have compelling evidence of radiculopathy at the levels in question. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported persistent complaints of neck pain, posttraumatic headaches, and posttraumatic stress disorder. The applicant stated that she had suffered significant psychological insults after having been robbed and assaulted on the job. The applicant had received prior psychotherapy, it was acknowledged. The applicant had apparently developed diabetes, she noted. The applicant stated that she needed a replacement cervical pillow. Electrodiagnostic testing of May 30, 2014 was reportedly negative for any cervical radiculopathy, neuropathy, or polyneuropathy. It was stated that a cervical radiculitis or mild cervical stenosis was "suggested," however. The applicant did have multilevel degenerative disk disease noted on cervical MRI imaging on May 19, 2014, and it was stated. Normal muscle tone is noted about bilateral upper extremities. In another section of the report, it was stated that the applicant reported that her neck pain was radiating to the bilateral upper extremities. The applicant was ultimately given refills of Colace, Ultracet and Effexor. 12 sessions of acupuncture, a replacement cervical pillow, and multiple medications were renewed. The applicant was reportedly returned to full duty work "in the daytime." In an earlier note dated August 4, 2014, the applicant again reported persistent complaints of neck pain radiating to the bilateral upper extremities. The applicant was reportedly working the day shift and was tolerating the same appropriately. The applicant stated that she was concerned that she will be

unable to work the night shift. The applicant did report ongoing issues with anxiety and depression. The applicant exhibited normal muscle tone about the upper extremities. Multiple medications were renewed. Additional cognitive behavioral therapy was sought. On June 12, 2014, 12 followup visits with a psychologist and epidural steroid injection therapy were requested. It was stated that the applicant had sustained significant psychological insults and was therefore in need of additional psychotherapy. On March 5, 2014, it was noted that the applicant had had episodic psychological decompensation, nightmares, inability to leave her home at night and difficulty interacting with her children. The applicant had had intermittent panic attacks and was ultimately transferred to a different [REDACTED] on the grounds that working at the original store was causing flashbacks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Visits With The Psychologist X 12,: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Mental Illness & Stress Procedure Summary last updated 4/9/2014 Official Disability Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of followup visits should be determined by the severity of an applicant's symptoms. In this case, the applicant's primary treating provider (PTP) had seemingly posited that the applicant has significant psychological issues with anxiety attacks, panic attacks, flashbacks, nightmares, and episodic decompensation associated with her being robbed and assaulted on the job. More frequent followup visits may be indicated here, to reinforce the applicant's psychological gains to date, as evinced by her successful return to work, albeit during the daytime only. Therefore, the request is medically necessary.

Cervical Epidural Steroid Injection At C5-C7, Each Additional Level, Cervical Epidurogram, Insertion: Overturned

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

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

Decision rationale: As noted on page 46 in the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. In this case, the applicant does have going complaints of neck pain radiating to the bilateral upper extremities. Electrodiagnostic testing of May 2014, referenced above, was

suggestive (but not conclusive) for a radiculitis process versus spinal stenosis. The applicant's ongoing upper extremity radicular complaints/paresthesias have proven recalcitrant to time, medications, and other physical methods. Page 46 in the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. The request in question does represent a first-time epidural injection. Therefore, the request is medically necessary.