

Case Number:	CM14-0012261		
Date Assigned:	02/21/2014	Date of Injury:	10/12/2013
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male who reported an injury on 10/12/2013 due to a heavy object that hit his head. The clinical note dated 12/02/2013 noted the injured worker presented with complaints of neck pain. Prior treatment included ibuprofen 800 mg up to three (3) times a day. Upon exam there is neck muscle tenderness in the paracervical area. There is no evidence of muscle weakness, compression, and the range of motion of the neck is unrestricted. The diagnosis was sprain/strain of the cervical. The provider recommended physical therapy two (2) times a week for six (6) weeks for the cervical spine and an epidural injection at C6-7. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Physical therapy (PT).

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

Decision rationale: The Chronic Pain Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. The guidelines allow for up to ten (10) visits of physical therapy in four (4) weeks. There was a lack of documentation indicating if the injured worker had a prior course of physical therapy as well as efficacy of the prior course of therapy. The amount of physical therapy visits that have already been completed was not provided. The request for physical therapy visits two (2) times a week for six (6) weeks exceeds the recommendation of the guidelines. There is a lack of evidence of a significant functional deficit. As such, the request is not medically necessary.

EPIDURAL INJECTION AT C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition (2011), Chapter 8.

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

Decision rationale: The Chronic Pain Guidelines recommend epidural steroid injections (ESIs) as an option for the treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and should be in conjunction with other rehab efforts, including a home exercise program. There was no information on improved function. The criteria for use for an ESI are to include radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be used performing fluoroscopy, and no more than two (2) levels should be injected using transforaminal blocks. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by the physical exam and corroboration with appropriate diagnostic testing. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. As such, the request is not medically necessary.