MAXIMUS Federal Services

Case Number:	CM14-0014026		
Date Assigned:	02/26/2014	Date of Injury:	05/24/2008
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 49-year-old male who reported an injury on 05/24/2008 with the mechanism of injury not provided within the documentation. In the clinical note dated 01/30/2014, the injured worker complained of cervical area pain and radiating pain to the right upper extremity with numbness and tingling of fingers. His pain was annotated as stabbing, numbness, pressure, stinging, cramping, weakness and spasm. The pain level status was documented as 2/10 on a previous pain rating, a 4/10 on a good day at a current pain rating, on a bad day a 6/10 from a previous pain rating, and an 8/10 on bad day rated as a current pain rating. It was annotated that the pain was not always the same. The duration of the pain was noted as frequent, with aggravating factors contributed to being quiet, sitting, and massage. Factors that alleviated pain were noted as activity, rest, walking, and medications. Previous treatments included epidural steroids and a chiropractor. Previous diagnostic studies included x-rays and MRI. The prescribed medications included Neurontin 300 mg, Nexium pack, and Celebrex caps. The physical examination of the cervical spine included moderate to severe tenderness over the right cervical area with limited range of motion. The motor strength exam revealed mild weakness of right deltoid and biceps in comparison to left side. The sensory exam revealed decreased sensation to the right C5 and decreased sensation to the right C6, and deep tendon reflexes in the upper and lower extremities were decreased but equal. The diagnoses included cervical radiculopathy to the right side, central herniated disc to the right C6-7, carpal tunnel syndrome, and right shoulder impingement syndrome. The treatment plan included the continuation of prescribed medications from the primary care provider with a discussion pertaining to medications to include neuropathic, anti-spastic, opioid and anti-inflammatory pain medications, the continuation of physical therapy with conservative treatment to include a home exercise program, moist heat, and stretches, and for the injured worker to return to the clinic after

injections. The goals were annotated to decrease pain, enhance sleep, improve mobility, improve self care, increase recreational activities, increase social activities, and to increase physical activities, and housework/employment. It was documented within the clinical notes that the primary care physician requested cervical epidural steroid injection x3, physical therapy x2 a week for 8 weeks, and a request for cervical traction. The request for authorization for the diagnosis of cervical radiculopathy for cervical epidural steroid injection at C6-7 under fluoroscopic guidance with anesthesia was submitted on 02/13/2014. The request for authorization for physical therapy 2x8 sessions and purchase for cervical traction with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (ESI) UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA X 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In the therapeutic phase, 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The guidelines recommend no more than 2 ESI injections. In the clinical notes provided for review, it was indicated that the injured worker had previous epidural steroids. However, it was not documented the percentage of relief and the duration of relief from the epidural steroid injection. Also, the pain level status was indicated; however, it was not noted if these pain levels were with or without medication. The request is for epidural steroid injections x3. However, the recommendation from the guidelines state that no more than 2 ESI injections are recommended. It was annotated that the physician had a discussion with the injured worker pertaining to pain medications to include neuropathic, anti-spastic, opioid and anti-inflammatory pain medications to help manage pain levels. Therefore, the request for a cervical epidural steroid injection (ESI) under fluoroscopic guidance with anesthesia x3 is not medically necessary.

PHYSICAL THERAPY SESSIONS 2 X 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

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

Decision rationale: California MTUS Guidelines state 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 exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or take down instruction. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process and work to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance, or resistance in functional activities with assistive devices. The frequency of physical medicine recommends 8 to 10 visits over 4 weeks with allowing of fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In the clinical notes provided for review, there was a lack of documentation of the injured worker's progress, or lack thereof, of the conservative treatment which included a home exercise program. It was indicated within the clinical note that the injured worker had participated in chiropractic sessions. However, there was a lack of evidence of the injured worker having measurable outcomes of the chiropractic sessions. Furthermore, the request for physical therapy 16 sessions exceeds the recommendation for 8 to 10 visits over 4 weeks. Therefore, the request for physical therapy sessions 2 x8 is not medically necessary.

PURCHASE OF CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The CA MTUS/American College of Occupational and Environmental Medicine (ACOEM) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. In the clinical notes provided for review, it was documented within the physical cervical exam that there was moderate to severe tenderness over the right cervical area with limited range of motion. However, the clinical note lacked evidence of the injured worker's progress in a home exercise program or other modalities

of conservative care in order to use as an adjunct to cervical traction. The guidelines also state palliative tools, such as traction, may be used on a trial basis with monitoring; however, the request is for purchase of a cervical traction. Therefore, the request for purchase of a cervical traction unit is not medically necessary.