

Case Number:	CM14-0019364		
Date Assigned:	04/21/2014	Date of Injury:	06/05/2006
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation 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 injured worker is a 49 year old male with reported injury on 06/05/2006. The mechanism of injury happened when boxes fell on the injured workers neck, head and mid lower back. It happened in the docking area of his job. The injured worker complains of neck pain that radiates bilaterally in the upper extremities and low back pain that radiates bilaterally lower extremities the pain is rated as 8/10 with medication and 10/10 without medication. The pain increases with activity and walking. On examination 12/18/2013 the injured worker complained of constant pain, numbness and tingling to the bilateral elbows, wrists, hands, and fingers he had limited and painful mobility of the elbows. The injured worker complained of constant pain to upper and lower back that restricted movement of the upper back and reduced range of motion. The injured worker also had complaint of depression and anxiety. The examination revealed tenderness to palpation over the midline, bilateral paraspinal, bilateral trapezii and bilateral rhomboids of the cervical spine. The right and left shoulder demonstrated tenderness to palpation over the anterior, superior and posterior aspects. Positive Neer and Hawkins test were carried out. The MRI of the cervical spine dated 06/20/2011 revealed at C3-4 bilateral uncovertebral hypertrophy with a disc osteophyte complex effacing the anterior thecal sac and a posterior annular and at C4-5 uncovertebral hypertrophy and a broad based central protrusion effacing the anterior thecal sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID FACET INJECTIONS AT C3-C5, CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request for epidural steroid facet injections at C3-C5 is not medically necessary. On examination 12/18/2013 the injured worker complained of constant pain, numbness and tingling to the bilateral elbows, wrists, hands, and fingers he had limited and painful mobility of the elbows. The injured worker complained of constant pain to upper and lower back that restricted movement of the upper back and reduced range of motion. California MTUS guideline criteria for the use of epidural steroid injections state radiculopathy must be documented by physical examination and there is no clinical documentation that states that. Injections should be performed using fluoroscopy (live x-ray) for guidance. The clinical documentation reviewed does not reveal documents requesting the use of fluoroscopy for guidance or the documentation to validly results of conservative care. In addition, there is a lack of documentation of neurological deficits to support radiculopathy at the proposed levels. In addition, there appears to be a typographical error in the request as it is for epidural facet injection. Therefore the request for epidural steroid facet injections at C3 -C5 is not medically necessary.

PHYSICAL THERAPY POST INJECTIONS C3-C5 3 X WEEK FOR 2 WEEKS, CERVICAL SINE: Upheld

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

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

Decision rationale: The request for physical therapy post injections C3- C5 x week for 2 weeks, cervical spine is not medically necessary. The Official Disability Guidelines allow for 1-2 sessions of physical therapy after an injection. The request exceeds the number of sessions allowed by the ODG guidelines. In addition, the request for epidural steroid facet injections at C-3 C5 is non-certified. Therefore the need for the therapy is not warranted also. Therefore the request for physical therapy post injections C3- C5 x week for 2 weeks, cervical spine is not medically necessary.