

Case Number:	CM14-0123956		
Date Assigned:	08/08/2014	Date of Injury:	12/10/2010
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51 year old female whose date of injury is 12/10/2010. The injured worker slipped on some water on the floor while stocking inventory and sustained injuries to her wrist, neck and back. Assessment notes status post trauma secondary to fall, rule out disc herniation cervical spine; and rule out disc herniation lumbar spine. Follow up note dated 06/12/14 indicates that the injured worker has no new sensory or motor deficits. Cervical range of motion is flexion 20, extension 20, bilateral lateral bending 20 and bilateral rotation 20 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks Cspine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy 2 x weeks x 4 weeks cervical spine is not medically necessary. The submitted records indicate that the injured worker has undergone prior physical therapy; however, the number of sessions

completed to date as well as the injured worker's objective functional response to therapy is not documented. CA MTUS Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up, and note that elective/maintenance care is not medically necessary. The injured worker's compliance with a home exercise program is not documented. The request for physical therapy 2 x weeks x 4 weeks cervical spine is not medically necessary.

Cervical Epidural Steroid Injection Left C6-C7: Upheld

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 Injection Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for cervical epidural steroid injection left C6-7 is not medically necessary. CA MTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The injured worker's physical examination fails to establish the presence of active cervical radiculopathy. Additionally, the submitted clinical records indicate that the injured worker has undergone MRI study as well as EMG/NCV; however, these reports are not submitted for review. Therefore, the request for a cervical epidural steroid injection is not medically necessary.