

Case Number:	CM14-0134864		
Date Assigned:	08/29/2014	Date of Injury:	12/07/2012
Decision Date:	10/27/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery 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 claimant is a 55 year old gentleman who sustained an injury to the cervical spine on 12/07/12. The medical records provided for review documented that the claimant underwent recent epidural steroid injection performed at the C5-6 and C6-7 levels. The report of a follow up visit on 07/15/14 described continued neck complaints despite the injection and difficulty raising his arms. The physical examination showed restricted cervical range of motion and point tenderness of the left trapezius. There was positive Spurling's testing but no documented motor, sensory, or reflexive change. The report of an MRI showed multiple levels of spondylosis, degenerative disc disease and foraminal narrowing from C3-4 through C6-7. In direct relationship to a request for bilateral repeat injections at the C5-6 and C6-7 level, there is request for nine post injection sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Injection Physical Therapy 3 times a week for 3 weeks Cervical Spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 5/30/14)

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for post injection physical therapy following the claimant's epidural steroid injection would not be indicated. Presently the claimant is in the subacute stage after injury, having undergone significant treatment since the date of injury in December 2012. There is documentation of a prior course of physical therapy, having already been performed. There is currently no indication of acute findings on examination or indication why home exercises would not be more appropriate following the injection procedure. The requested nine sessions of therapy following an injection for pain relief would not be supported as medically necessary.