

Case Number:	CM14-0151282		
Date Assigned:	09/19/2014	Date of Injury:	06/27/2012
Decision Date:	10/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 Interventional Spine 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 patient is a 50 year old female with an injury date of 06/27/12. The 07/29/14 progress report states that the patient presents with constant pain in the left upper extremity with numbness, burning pain and tingling down into the left arm. The patient is noted to be on modified work on the 08/26/14 report. Examination of the cervical spine reveals tenderness at the left paracervical region. She has a positive Spurling test and tenderness to the left upper extremity diffusely with dysesthesias to light touch down the left arm that crosses over several dermatomes. The 06/04/14 physical examination notes sensations diminished in the C7 distribution light touch and pinprick. The 04/23/14 X-ray of the cervical spine states the interpretation as: 4 views of cervical spine shows there is anterior osteophyte localized in the C5 anterior vertebral body. There is a loss of disc height at C5-6. The 05/27/14 MRI of the cervical spine presents the following impression: 1. C5-6 marked bilateral foraminal stenosis due to disc degeneration with prominent uncovertebral hypertrophy 2. C6-7 broad central 2 mm disc protrusion, moderate left and mild right uncovertebral hypertrophy and foraminal narrowing 3. C4-5 mild to moderate bilateral foraminal narrowing due to unciniate hypertrophy and facet arthropathy with slight. (The report finishes at this point). 4. The findings for C4-5 state the disc is narrowed slightly with minimal circumferential disc bulging and slight anterolisthesis. Mild bilateral uncovertebral hypertrophy and facet arthropathy case mile to moderate bilateral foraminal narrowing. The patient's diagnoses include: 1. Bilateral carpal tunnel syndrome 2. Cervical radiculopathy The utilization review being challenged is dated 09/05/14. Treatment reports were provided from 02/07/14 to 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3 for the cervical spine: Upheld

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

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

Decision rationale: The patient presents with left upper extremity pain with numbness, burning pain and tingling down into the left arm. The treater requests for Physical therapy 6 visits (2 times 3 weeks) for the cervical spine. The physical therapy note from 05/23/14 indicates that the patient feels her symptoms have decreased slightly but they are still present and increase with activity. The objective of the treatments is noted to be to increase strength and range of motion in postural musculature. The reports provided show the patient received 8 visits for therapy of the cervical spine from 04/30/14 to 05/23/14. MTUS pages 98 and 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. In this case, an additional 6 visits combined with the recently completed 8 sessions would exceed what is recommended/allowed per MTUS.

Epidural steroid injection Cervical C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46, 47.

Decision rationale: The patient presents with left upper extremity pain with numbness, burning pain and tingling down into the left arm. The treater requests for Epidural steroid injection cervical C4-C7. No prior injections are documented for the patient at this level. MTUS guidelines pages 46 and 47 state that, "No more than two root levels should be injected using transforaminal blocks." In this case the requested C4-C7 injections encompass three levels. The MRI showed several level foraminal stenosis with worst finding at C5-6. Diagnostic or one or two level injections may be appropriate but the requested 3 level injections are not supported by MTUS. Therefore, the request is not medically necessary.