

Case Number:	CM14-0153661		
Date Assigned:	09/23/2014	Date of Injury:	05/20/2003
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 57-year-old female who reported an injury of unspecified mechanism on 05/20/2003. On 12/12/2013, her diagnoses included moderate degenerative disc disease of the cervical spine, mild spinal stenosis at C5-6 with moderate disc osteophyte complex, right wrist carpal tunnel release in 12/2012, left wrist carpal tunnel release in 06/2013, T6-7 compression fracture with a kyphoplasty in 07/2008 with residual 30% compression of T6 and T7, nonindustrial, chronic lumbar strain, mild degenerative disc disease with translational instability at L4-5 and mild to moderate instability at L4-5. There was no reference in the submitted documentation to the reported injury of 05/20/2003. The majority of her injuries documented were related to a motorcycle accident in 02/2008. There was no treatment plan, rationale, or Request for Authorization included in this injured worker's chart. There was no mention of epidural steroid injections or any type of proposed surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (epidural steroid Injection) at C3-5: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for a sacroiliac (SI) epidural steroid injection at C3-5 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESI injections. There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. This request for cervical epidural steroid injections is not supported by the guidelines. Therefore, this request for ESI (epidural steroid injection) at C3-5 is not medically necessary.

ESI (epidural steroid injection) at L3-5: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for ESI (epidural steroid injection) at L3-5 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Among the criteria for the use of an epidural steroid injection or that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no submitted documentation that this worker was participating in a home exercise program or that radiculopathy was demonstrated by examination or corroborated by imaging and/or electrodiagnostic testing. The clinical information submitted failed to meet the evidence based guidelines for ESI. Therefore, this request for ESI (epidural steroid injection) at L3-5 is not medically necessary.

Postoperative physical therapy for the cervical and lumbar areas, 3 times a week for 3 weeks, 9 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for postoperative physical therapy for the cervical and lumbar areas 3 times a week for 3 weeks, quantity 9 sessions, is not medically necessary. The recommendations in the postsurgical guidelines note that the initial course of therapy means the number of visits specified in the general course of therapy for the specific surgery performed. The postsurgical allowable visit for discectomy/laminectomy is 16 visits over 8 weeks; of that would be 8 visits. The requested 9 visits of physical therapy exceed the recommendations in the guidelines. Therefore, this request for postoperative physical therapy for the cervical and lumbar areas 3 times a week for 3 weeks quantity 9 sessions is not medically necessary.

