

Case Number:	CM14-0168359		
Date Assigned:	10/16/2014	Date of Injury:	09/17/2013
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 24-year-old male who sustained an injury on 9/17/13. As per 9/20/14 report, he presented with achy dull neck and upper back pain rated at 6-8/10. Examination revealed tenderness to right upper back with spasm and headaches. Examination from 9/16/14 revealed tenderness to palpation about the paracervical musculature with some guarding and restricted range of motion (ROM) with complaints of pain. Magnetic resonance imaging (MRI) dated 4/23/14 revealed posterior right paracentral disc protrusion at C7-T1 into the anterior thecal sac, posterior right paracentral disc protrusion at T1-2, moderate right and mild left neural foraminal narrowing at C3-4, mild to moderate bilateral neural foraminal narrowing at C4-5 and mild left neural foraminal narrowing at C5-6 on the basis of the uncovertebral spondylosis with mild right neural foraminal narrowing at T1-T2 due to foraminal osteophytosis and straightening of the cervical spine which may be positional or related to muscle spasm. It was documented that he was prescribed omeprazole, cyclobenzaprine and ibuprofen, but it is not clear if he is taking them currently. Previous treatments have included physical therapy and acupuncture. Currently physical therapy re-evaluation and cervical/thoracic selective nerve root block were recommended. He has had 8 physical therapy sessions certified on 4/7/14 and 4 additional physical therapy sessions were approved on 7/9/14. From the documentation it was not clear if he has attended all the sessions and if he had achieved any pain relief that resulted in functional benefit from the previous physical therapy. Diagnoses include cervical spine sprain/strain/contusion with muscle spasms, blunt head trauma, and post traumatic headaches. The request for Cervical/thoracic selective nerve root block, right C7, T1, T2 times 2, and Physical therapy re-evaluation times one was denied on 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical/thoracic selective nerve root block, right C7, T1, T2 x2: 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 ESI Page(s): 46.

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of Epidural steroid injections include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear clinical evidence of any radicular pain in a nerve root distribution. There is no imaging evidence of nerve root compression. There is no Electrodiagnostic evidence of cervical radiculopathy. There is little documentation of trial and failure of conservative management such as physical therapy in this injured worker. Furthermore, it is not clear as to why three selective nerve root blocks were requested while one intralaminar ESI will produce similar result if medically necessary. Therefore, the medical necessity of the request cannot be established based on the guidelines and submitted clinical information.

Physical therapy re-evaluation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines (ODG) recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy. In this case, the injured worker has already received 8 physical therapy visits and has been approved 4 additional visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. Furthermore, there is no mention of the

patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of any new injury / surgical intervention to warrant more therapy. Also, additional PT visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.