

Case Number:	CM14-0173459		
Date Assigned:	10/24/2014	Date of Injury:	10/22/2013
Decision Date:	12/03/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine, 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:

Patient is a 62 year-old female with date of injury 10/22/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2014, lists subjective complaints as pain in the neck. Patient underwent an MRI of the cervical spine on 05/13/2014, which was notable for degenerative disc disease of C5-6 with complete collapse. Objective findings: Examination of the cervical spine revealed restricted range of motion with pain on extension and flexion. Deep tendon reflexes of the bilateral upper extremities were intact. Diagnosis: 1. Sprain, cervical 2. Sprain, thoracic 3. Sprain, lumbar 4. Cervical spondylosis, symptomatic 5. Thoracolumbar sprain/strain, resolving. Patient has attended 4 sessions of physical therapy to date, but had to stop because it was too painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 epidural steroid injection, per 10/09/14 form. Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The MTUS states that cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. There is no documentation that the patient will be undergoing cervical surgery for her degenerative disc disease and cervical spondylosis. C7-T1 Epidural Steroid Injection per 10/09/14 form. QTY 1.00 is not medically necessary.

Physical therapy, post epidural steroid injection, per 10/09/14 form. Qty: 3.00: 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)

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Although post injection therapy is not specifically covered in the Guidelines, the cervical epidural steroid injection is not medically necessary; consequently, post injection physical therapy is not medically necessary.