

Case Number:	CM14-0176307		
Date Assigned:	10/29/2014	Date of Injury:	02/06/2004
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/24/2014

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 underlying date of injury in this case is 02/06/2004. The date of the utilization review under appeal is 10/03/2014. On 09/09/2014, the treating physician saw the patient in followup and noted the patient was status post left total knee replacement and previously was status post a right shoulder arthroscopy with subacromial decompression and history of a cervical strain and right cervical radiculopathy, an antalgic gait, and bilateral lumbar facet arthrosis. The patient had an antalgic gait with a cane. Resisted abduction strength in both shoulders was 4/5. The patient had tenderness over the plantar fascia bilaterally. The patient's primary complaint was left knee pain which was not improved and which was increased with prolonged walking. The patient also reported numbness in his bilateral upper extremities with pain in his neck and back. The treating provider requested authorization for a cervical epidural injection as well as physical therapy 3 times a week for 6 weeks to the knees, back, and neck. An initial physician review concluded that there were no documented findings to support an epidural steroid injection. That reviewer also modified the patient's physical therapy request for 10 sessions. A consulting orthopedic surgeon submitted an appeal letter on 10/10/2014 with regard to the treating physician's request for an epidural injection. The orthopedist stated that the patient was having pain with forward flexion and extension in the cervical spine and concluded that therefore a cervical epidural injection should be authorized to relieve the patient of high pain. That physician also requested physical therapy 2-3 times per week for 6 weeks to review the patient's home exercises. The consulting orthopedist notes that a cervical MRI of September 2009 had showed a disc protrusion at C6-C7 with patent neural foramina and noted decreased pinpricks in the right versus left in a C7-C8 distribution, and manual muscle testing showed biceps strength at 4/5 on the right and triceps of 4/5 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for One (1) Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections provides only equivocal support in general for epidural injections in the cervical region. That guideline additionally states that if epidural injections are to be done, radiculopathy should be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing. Neither an initial request nor an appeal in this case is specific in terms of the level at which a cervical epidural injection is requested. It is not clear that there are physical exam finding corroborative of imaging studies to support an epidural injection, nor is it clear at what level such a procedure would be requested. Indeed, an appeal letter by a consulting orthopedist specifically notes that prior MRI imaging a number of years ago shows patent neural foramen. Overall, the guidelines for a cervical epidural injection have not been met, and this request itself is not specific as to the level at which the injection is request. This request is not medically necessary.

Prospective Request for 18 Physical Therapy Sessions for Knees, Back and Neck: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an independent active home rehabilitation program. The medical records indicate goals of current physical therapy to review the patient's home exercise program. It is unclear, however, why 18 visits of therapy would be needed for such a review of home exercises. The medical records and guidelines do not support this request. This request overall is not medically necessary.