

Case Number:	CM14-0023825		
Date Assigned:	07/02/2014	Date of Injury:	01/03/2013
Decision Date:	08/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and chiropractic manipulative therapy; at least one prior epidural and facet joint injection combination on July 15, 2013; and functional capacity testing. In a Utilization Review Report dated February 14, 2014, the claims administrator denied request for concurrent cervical epidural steroid injection and cervical facet injection at C6-C7 with six sessions of post injection physical therapy. The applicant's attorney subsequently appealed. Cervical MRI imaging of April 12, 2014 was notable for low-grade disk bulges of 2 mm at C4-C5 and C5-C6 with associated mild-to-moderate neuroforaminal narrowing. On January 31, 2014, the applicant was given a rather proscriptive limitation of no touring properties, effectively resulting in the applicant's removal from the workplace. The applicant was using Norco and topical Dendracin for pain relief. Persistent neck and upper back pain was noted. Authorization was sought for a combination cervical epidural steroid injection and facet joint injection. In an earlier narrative progress note of August 12, 2013, it was stated that the applicant was off of work. On August 2, 2013, the attending provider stated that he was appealing an earlier decision to deny a second epidural steroid injection and concurrent facet injection at the C6-C7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL (ESFI) EPIDURAL STEROID-FACET INJECTION, C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, however, the applicant does not have MRI findings suggestive of radiculopathy. The applicant's cervical MRI, referenced above, was largely negative. The January 31, 2014 progress note, moreover, only indicated axial complaints of neck, mid back, and lower back pain. There was no mention of any active cervical radicular complaints. The MTUS/ACOEM Guidelines state that facet joint injections, such as the C6-C7 facet and joint injection being concurrent proposed here, are deemed not recommended. It is further noted that the fact that epidural injection therapy and facet joint injection therapy are being sought in parallel implies the lack of diagnostic clarity here. Finally, the applicant has had one earlier set of cervical epidural and facet joint injections. There has, however, been no demonstration of functional improvement as defined in MTUS Guidelines. The applicant remains off of work. Extremely proscriptive limitations remain in place. The applicant remains highly reliant and highly dependent on medications such as Norco and Dendracin. Therefore, the Cervical Epidural Steroid-Facet Injection ((ESFI), C6-7 is not medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR TWO WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that a general course of 9 to 10 sessions of treatment is recommended for myalgias and myositis of various body parts, the issue reportedly present here, in this case, however, the applicant has had prior unspecified amounts of physical therapy over the course of the claim. There has, however, been no demonstration of functional improvement which would support functional improvement as defined in MTUS Guidelines, which would support further treatment here. The applicant is reported to be off of work. Proscriptive limitations remain in place. The applicant remains highly reliant and highly dependent on opioid agents such as Norco. Therefore, the request for post-operative physical therapy three times a week for two weeks is not medically necessary and appropriate.

