

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0026699 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 04/08/2009 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Texas. 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 39-year-old whose date of injury is April 8, 2009. The mechanism of injury is described as a fall. Treatment to date includes at least 18 sessions of physical therapy and trigger point injections on October 7, 2013. Cervical MRI dated October 17, 2013 revealed 1-2 mm posterior disc bulge at C5-6 which minimally indents the ventral thecal sac. The spinal canal and neural foramina are adequate. At C6-7 there are prominent anterior osteophytes. There is a 3 mm broad based disc bulge which minimally indents the ventral thecal sac and results in moderate narrowing of the left neural foramen and mild narrowing of the right neural foramen. Follow up note dated January 13, 2014 indicates that she complains of neck pain, right shoulder pain and headaches. On physical examination strength is 5/5 in the upper extremities. Deep tendon reflexes are 2+ throughout. Sensation is intact. Spurling's is positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION (CESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request is nonspecific and does not indicate the level, laterality or approach to be performed. The most recent physical examination submitted for review fails to establish the presence of active cervical radiculopathy as required by the Chronic Pain Medical Treatment Guidelines. Motor, sensory and deep tendon reflexes are intact. The request for a CESI is not medically necessary or appropriate.

HOME CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

Decision rationale: The specific type of unit to be utilized is not documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker's compliance with an active home exercise program is not documented. The request for a home cervical traction unit is not medically necessary or appropriate.

TWELVE SESSIONS OF PHYSICAL THERAPY TO CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The submitted records indicate that the injured worker has completed at least eighteen physical therapy visits to date. The current request is excessive as the Chronic Pain Medical Treatment Guidelines would support one to two visits every four to six months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The request for twelve sessions of physical therapy to the cervical spine is not medically necessary or appropriate.