

Case Number:	CM14-0040137		
Date Assigned:	06/27/2014	Date of Injury:	01/07/2013
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/05/2014

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 claimant was injured on multiple dates in 2013 between 01/07/13 and 08/02/13. A cervical epidural steroid injection and aquatic therapy are under review. The aquatic therapy appears to be for the low back. A note by [REDACTED] dated 09/26/13 indicates that she had cervical spine epidural steroid injections in the past and her pain resolved. She had cervical ESIs x2 and completion of a chronic pain program in 2009. Her cervical spine pain was manageable. She saw [REDACTED] on 10/02/13. She still had significant pain in the low back and could not do physical therapy effectively because of significant spasms. [REDACTED], a physiatrist had scheduled her for bilateral L5-S1 facet injections soon. She was going to resume PT after that. She was also going to do some acupuncture and acupressure. Her lumbar range of motion was limited to extension with pain. She had tenderness. Straight leg raise was positive bilaterally with localized low back pain. She had severe spasms. Motor strength was within normal limits. Physical therapy was recommended for core strengthening and spinal reconditioning. However she could not tolerate it at that time. She had a panel QME on 12/06/13 with [REDACTED] and she was taking multiple medications including Percocet, Tylenol, Flexeril, Imitrex, Zoloft, and Trazodone. She was status post 2 cervical epidural steroid injections. Cervical spine range of motion was decreased. There was marked allodynia and hyperpathia to light touch over the lower cervical region. There is marked guarding and spasm in the bilateral cervical musculature. She had tenderness to palpation with bilateral muscle trigger points. She had decreased range of motion of the lumbar spine with painful spasmodic jerks. She had no radicular symptoms. Sensation was intact throughout and she had good motor strength. MRI of the cervical spine showed evidence of multilevel disc osteophyte complexes with neural foraminal narrowing and central canal stenosis including a small central disc protrusion at C2-3 level and C3-4 without significant nor foraminal or central canal stenosis. There was minimal bilateral neural foraminal

narrowing and no significant central canal stenosis at C4-5 level. At C5-6 there was minimal disc osteophyte complex causing mild right neural foraminal narrowing but no significant central canal stenosis. C6-7 had a minimal disc osteophyte complex resulting in minimal left foraminal narrowing and mild central canal stenosis. She was diagnosed with chronic cervicgia with multilevel cervical spondylosis and mild C6-7 central canal stenosis. There were findings concerning for myelopathy. On 03/10/14, she saw [REDACTED] and reported that she had good benefit from 2 prior cervical epidural injections and she wanted another one. No specific focal neurologic deficits were noted. She had muscle spasm and straight leg raise testing bilaterally. She was diagnosed with low back pain with lumbar degenerative disc disease and a history of cervical disc disease. It was recommended that she see [REDACTED]. Aquatic therapy and chiropractic treatment were recommended. She saw [REDACTED] on 05/14/14. She wanted to do water therapy. She was attending a pain management rehabilitation program. Overall she was managing well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The history and documentation do not objectively support the request for a repeat cervical ESI at an unknown level at this time. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). "7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) The specifics of the past cervical ESIs, including the level(s) that were injected and the level of pain relief and duration are not entirely clear. There is no objective evidence of radiculopathy at any cervical level on physical examination and no indication that the claimant has failed all other reasonable conservative care for her cervical spine, including PT or independent exercise. She has also been referred for acupuncture/acupressure. The claimant has been attending a chronic pain program and was doing well. The anticipated benefit of a repeat ESI at an unknown level has not been shown. There is no indication that the claimant has been involved in an ongoing exercise program for her cervical spine or that this ESI is based on an attempt to avoid surgery. The MRI report does not demonstrate the presence of nerve root compression at any particular level that may be targeted. There is no indication that the claimant has been instructed in home exercises

to do in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.

Aquatic Therapy 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 53.

Decision rationale: The history and documentation do not objectively support the request for aquatic therapy. The MTUS state "Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, there is no clear indication for aquatic therapy. It is not apparent that the claimant is unable to do a land-based exercise program, either due to her injuries or due to extreme obesity or problems with her lower extremities. Her course of treatment to date for her low back is unknown. She has been attending a chronic pain program and reportedly has been doing fairly well. It is not clear what additional significant benefit is anticipated from this course of treatment. The medical necessity of this request has not been clearly demonstrated.