

Case Number:	CM14-0053333		
Date Assigned:	07/07/2014	Date of Injury:	06/13/2013
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/22/2014

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:

Per the records available for review, the injury was June 13, 2013. The claimant is a sign language interpreter but the mechanism of injury was not documented. He had been off work since November 2013 with neck pain. The cervical epidural would be at C6-C7. The cervical MRI from August 2, 2013 showed multilevel degenerative changes, but there was no disc herniation at the requested level. It is noted that the patient had extensive chiropractic rehabilitation and physical therapy in the past. The MRI of the shoulders was unremarkable. Several other daily physical therapy notes were provided and reviewed. Sensation was reported to be decreased in the C7 to T1 distribution, and there was reported decreased muscle strength on the left at L4-L5. The doctor started Gabapentin as he was not responding to Norco. The doctor suggested Tramadol. The impressions were myofascial sprain-strain of the cervical spine, cervical degenerative disc disease, alleged cervical radiculopathy, and anxiety and depression. Several drug screens were provided as well and they were largely unremarkable. The electrodiagnostic studies from September 12, 2013 were also normal without any evidence of nerve dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Per the MTUS, aquatic therapy is optional and alternative to land-based therapy when minimizing the effects of gravity would be beneficial, such as reduced weight bearing or severe obesity. In this case, cervical issues would not be impacted by the performance of therapy to minimize the effect of gravity. No reduced weight bearing would be needed. Nor is there evidence of severe obesity. Finally, the records attest that land-based therapy has been exhausted. Therefore, this request is not medically necessary.

Interlaminar Cervical Epidural Steroid Injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

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

Decision rationale: Per the MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology recently concluded there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007). Also, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A cervical MRI ruled out a neural compressive lesion and so the cervical epidural was denied and so a true definition of radiculopathy is not met. There were no corroborative findings of radiculopathy. An electrodiagnostic study also does not confirm a radiculopathy, which the MTUS attests is requisite to performing epidural steroid injection. Finally, the MTUS attests based on a recent American Academy of Neurology study, that there is insufficient evidence to support epidural steroid injections in the neck. Therefore, the request for a cervical epidural steroid injection is not medically necessary.