

Case Number:	CM14-0063564		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2011
Decision Date:	08/12/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 patient is a male with an injury date of 11/16/2011. Based on the 03/26/2014 progress report provided by [REDACTED], the diagnoses are: multilevel cervical disc protrusion; cervical disc degeneration; cervical radiculitis; and status post right shoulder rotator cuff repair. According to this report, the patient complains of neck and left arm pain and numbness. The patient has intermittent discomfort radiating into the left forearm with associated numbness and tingling down to the finger daily. Deep tendon reflexes are decreased at 2/4 at the biceps tendon and triceps tendon. Tinel's along the cubital tunnel is questionably-positive. Per treater, the patient did have greater than 50% relief after his first epidural injection - an appropriate amount. There were no other significant findings noted on this report. [REDACTED] is requesting continued physical therapy of 12 sessions for the cervical spine, and a repeat C7-T1 interlaminar epidural steroid injection with fluoroscopic guidance. The utilization review denied the request on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy sessions x12 to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 03/26/2014 report by [REDACTED], this patient presents with neck and left arm pain and numbness. The treater is requesting a continuation of 12 physical therapy sessions for the cervical spine. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms, 9-10 visits over 8 weeks. In this case, if the patient did not have any recent therapy, a short course may be warranted; but the request for 12 sessions exceeds what is allowed by the MTUS guidelines. Furthermore, the UR alludes to the fact that the patient has had 12 sessions. The time-frame is not known. It is the treater's responsibility to monitor the patient's progress and make appropriate recommendations (MTUS page 8). In this case, the treater does not discuss the patient's treatment history, nor does the doctor give reasons for the request for additional therapy. As such, the request is not medically necessary.

Repeat C7-T1 Interlaminar epidural steroid injection with fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46-47.

Decision rationale: According to the 03/26/2014 report by [REDACTED], this patient presents with neck and left arm pain and numbness. The treater is requesting a repeat C7-T1 interlaminar epidural steroid injection. The UR denial letter states, "There is insufficient documentation of physical exam findings consistent with radiculopathy, and the duration for this level of efficacy has not been explicitly documented." Regarding epidural injection, MTUS Chronic Pain Medical Treatment Guidelines recommend on pages 46 and 47 that injections be considered an option for treatment of radicular pain. For repeat injections during the therapeutic phase, there must be evidence of continued, objective, documented improvement of pain and function, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per year. A review of the 03/26/2014 report does not show any discussion regarding pain reduction, functional improvement or reduction in medication use since the previous ESI. Details regarding the region, level(s) and date of the previous ESI were not provided for review. In addition, radicular pain in a specific dermatomal distribution is not well-described, and there were no MRI or EMG reports. The MTUS further states that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. With that being said, given the lack of clear documentation of radiculopathy and clear benefit from prior injection, this request is not medically necessary.