

Case Number:	CM14-0076454		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2003
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 56-year-old female who was reportedly injured on November 13, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 2, 2014, indicates that there are ongoing complaints of cervical spine pain. A cervical spine injection was provided on April 28, 2014 in the injured employee states that she feels less pain. Current medications are stated to be Norco, naproxen and Ambien. The physical examination demonstrated tenderness along the cervical spine a positive Spurling's test to the right side. Diagnostic imaging of the cervical spine showed moderate multilevel degenerative disc disease and degenerative spondylosis at C5-C6 and C6-C7. A request was made for physical therapy and epidural steroid injections for the cervical spine and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: Although the injured employee has complaints of cervical spine, pain it is unclear what this request for physical therapy is intended for and for how long. Additionally there is no documentation regarding efficacy of prior physical therapy treatments. For these reasons, this request for physical therapy is not medically necessary.

Cervical ESI at C5-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for an epidural steroid injection includes a radiculopathy to be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. It also states that in the therapeutic phase that it must be at least 50% pain relief for 6 to 8 weeks from a prior injection. According to the most recent progress note dated may second 2014, there is a normal upper extremity neurological examination and a magnetic resonance image of the cervical spine does not show any potential neurological impingement. Additionally is not stated how long pain relief has been achieved from the prior epidural steroid injection. For these multiple reasons, this request for cervical spine epidural steroid injection from C5-C7 is not medically necessary.