

Case Number:	CM14-0087347		
Date Assigned:	07/23/2014	Date of Injury:	02/04/2011
Decision Date:	12/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back, and low back pain reportedly associated with an industrial injury of February 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 5, 2014, the claims administrator failed to approve request for eight sessions of physical therapy, a second epidural steroid injection, and a psychological consultation with associated follow-up. The applicant's attorney subsequently appealed. In a November 12, 2013 progress note, the applicant reported ongoing complaints of low back pain radiating to the leg and neck pain radiating to the arm. Both cervical and lumbar epidural steroid injection therapy were sought, along with a psychological consultation with associated follow-up visit. Cyclobenzaprine, Protonix, and naproxen were dispensed. In December 20, 2014 progress note, the applicant then reported multifocal complaints of neck, low back, and mid back pain. Epidural steroid injection therapy was again sought, along with a psychological consultation and follow-up. The applicant was asked to continue a lumbar support. The applicant's work status was not clearly stated. The attending provider suggested that the applicant continue restrictions imposed by a Medical-legal evaluator implying that the applicant was not working. In a March 27, 2014 progress note, it was noted that the applicant was status post earlier cervical and lumbar epidural steroid injections. The applicant nevertheless reported 5-6/10 pain complaints. The applicant reported limited range of motion about the lumbar spine with an unchanged upper and lower extremity neurologic exam. A second epidural steroid injection was sought on the grounds that the applicant had reportedly improved with an earlier epidural steroid injection. Additional physical therapy was sought. It was stated that the applicant had not had

any recent physical therapy. Cyclobenzaprine, Naproxen, and Protonix were dispensed. Permanent work restrictions imposed by a Medical-legal evaluator were renewed. The attending provider suggested that the attending provider had not had recent physical therapy. The applicant was also issued a prescription for hydrocodone 7.5-650. In a February 20, 2014 progress note, the attending provider suggested that the applicant obtain a psychological consultation to address reactive depression complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left C5-6: 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 Epidural Steroid Injections topic MTUS 9492.20f Page(s): 46.

Decision rationale: The request in question does represent a repeat cervical epidural steroid injection as the applicant has had at least one prior epidural steroid injection in 2014 alone. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural block should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Norco, Flexeril, Naproxen, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior cervical epidural steroid injection in 2014 alone. Therefore, the request for repeat cervical epidural steroid injection is not medically necessary.

Psychological Consult with Follow-Up: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health symptoms become disabling despite primary care interventions or persist beyond three months. Here, the applicant is off of work. The applicant has apparently developed reactive depression as result of multifocal chronic pain complaints. Obtaining the added expertise of a mental health professional, such as a psychologist, is therefore indicated. Accordingly, the request is medically necessary.

8 Sessions of Physical Therapy (2x for 4weeks) for the Cervical, Thoracic, and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Approach to Chronic Pain Management section. MTU.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioids agents such as hydrocodone-acetaminophen. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional Physical Therapy is not medically necessary.