

Case Number:	CM14-0005682		
Date Assigned:	02/05/2014	Date of Injury:	08/27/2004
Decision Date:	03/13/2015	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 08/27/2004. The mechanism of injury was not stated. The current diagnoses include cervical spine sprain, multilevel disc bulges at L4-S1, status post excision of volar ganglion cyst of the wrist, status post left carpal tunnel release, status post right carpal tunnel release and status post left shoulder arthroscopy. The injured worker presented on 10/28/2013 with complaints of low back pain and bilateral shoulder pain. Upon examination there was tenderness to palpation of the cervical and lumbar spine with spasm and decreased range of motion. Recommendations at that time included an MR arthrogram of the right shoulder, an epidural steroid injection and physical therapy 2 to 3 times per for 4 weeks for the bilateral upper extremities. A Request for Authorization form was then submitted on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE EPIDURAL INJECTION, L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no mention of an attempt at any conservative treatment prior to the request for a lumbar epidural steroid injection. There is also no documentation of radiculopathy upon examination. There were no imaging studies or electrodiagnostic reports submitted for this review. Given the above, the request is not medically appropriate.

PHYSICAL THERAPY X 8, BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The patient is greater than 10 years status post injury. There is no documentation of a previous course of physical therapy for the bilateral upper extremities. There were no range of motion values provided on the requesting date. There was no comprehensive examination of the bilateral upper extremities provided on the requesting date. Given the above, the medical necessity has not been established in this case. As such, the request is not medically appropriate.