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| Case Number: | CM14-0125700 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 08/07/2008 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

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 Rehab, 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 57 year old male with an injury date on 08/07/2008. Based on the 05/28/2014 progress report provided by the treating physician, the diagnoses are: 1. Right elbow lateral epicondylitis s/p injection x2 no improvement. 2. s/p right cubital T.R on 09/23/2009. s/p left cubital T.R on 08/18/2010. 3. Chronic neck pain with underlying 4mm disc protrusion, moderate canal stenosis, mild to moderate bilateral neural foraminal stenosis. 4. Left trigger thumb s/p injection x1. 5. Bilateral carpal tunnel syndrome. According to this report, the patient complains of "neck 9/10, bilateral hand/wrist pain 8/10 with numbness and tingling, left elbow pain 7/10, and left thumb pain 6-7/10 when some triggering." Patient's condition is "unchanged since initial visit of 04/07/14." Physical exam of the cervical reveals painful tenderness paraspinal musculature. Spurring test is positive. Decreased sensation to light touch is noted at the bilateral lateral arm. Paresthesia is noted at the right small finger and ring finger. JAMAR grip test on the right are: 17-16-14, and on the left are 12-12-10. EMG/NCV studies of the bilateral upper extremity on 5/15/2013 show a "mild moderate right carpal tunnel syndrome. Moderate left carpal tunnel syndrome. Mild ulnar delay across the right elbow, status post right ulnar nerve transposition mild ulnar delay across the left elbow and left wrist, status post left ulnar nerve transposition. Chronic left C7-C8 radiculopathy." The EMG/NCV report was not included in the file for review. Treatment plan is to follow-up in 4-6 weeks, continue with Pain Management, continue the use of the wrist brace, continue home exercise program, and left trigger thumb release is authorized. Patient's work status "Temporary totally disabled until follow up appointment in 4-6 weeks." There were no other significant findings noted on this report. The utilization review denied the request for C7-T1 Epidural Steroid Injection and Physical Therapy on based on 07/28/2014 the MTUS guidelines. The requesting physician provided treatment reports from 02/24/2014 to 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CESI (Cervical Epidural Steroid Injection) Left C7-T1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 05/28/2014 report, this patient presents with "neck 9/10, bilateral hand/wrist pain 8/10 with numbness and tingling." The current request is for CESI (Cervical Epidural Steroid Injection) Left C7-T1 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 05/28/2014 and the utilization review letter in question is from 07/28/2014. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the reports does not mention prior epidural steroid injections. In this case, the patient has neck pain with tingling and numbness into the bilateral upper extremity. EMG/NCV studies of C-spine shows "left C7-C8 radiculopathy." However, exam findings do not indicate that the patient has left C8 nerve root radiculopathy. The MTUS guidelines clearly state that radiculopathy must be documented by physical examination and this was not found in the records provided. The current request is not medically necessary.

Physical Therapy 2 to 3 times a week for 6 weeks: 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 Page(s): 98, 99.

Decision rationale: According to the 05/28/2014 report, this patient presents with "neck 9/10, bilateral hand/wrist pain 8/10 with numbness and tingling." The current request is for Physical Therapy 2 to 3 times a week for 6 weeks but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 05/28/2014 and the utilization review letter in question is from 07/28/2014. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the available records show, no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home

exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request is not medically necessary.