

Case Number:	CM14-0186620		
Date Assigned:	11/14/2014	Date of Injury:	01/10/2013
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This 58 year old female sustained an industrial related injury on 01/10/2013 of unknown mechanism. The original results of the injury were not noted or provided for review. The injured worker was previously diagnosed with status post subacromial decompression of the left shoulder and partial claviclectomy. Current diagnoses include left C5-C6 radiculopathy secondary to foraminal stenosis. Treatment to date has included oral analgesic medications, subacromial decompression of the left shoulder, partial claviclectomy, 32 sessions of physical therapy, and multiple evaluations. Diagnostic testing has included an MRI scan of the cervical spine which revealed C5-C6 progressive moderate left foraminal stenosis, C4-C5 and C7-T1 mildly progressed central canal stenosis, and stable mild central canal stenosis and foraminal stenosis at additional levels. A request for authorization (RFA) for a trial of cervical epidural steroid at the C5-C6 level on the left and a cervical spine/pain management consultation was dated 07/11/2014 and received by the Utilization Review (UR) on 07/16/2014 which were non-certified on 07/23/2014. These issues were submitted for appealed to the Independent Medical Review (IMR) on 08/08/2014 and were partially denied on 10/08/2014 with the Epidural Steroid Injection to the cervical spine (C5-C6) having been denied and the pain management consultation having been approved. A second/continued request for trail of cervical epidural injections at the C5-C6 level was dated 08/14/2014. A second IMR was requested for an Epidural Steroid Injection to the C5-C6 level on 11/03/2014 and received on 11/10/2014. The injured worker's active symptoms (per RFA date 08/14/2014) included diffuse tenderness of the cervical musculature and cervical pain with rotation to the left. The examination of the bilateral shoulders, both elbows, wrists, and hands showed full pain-free range of motion. Sensation and strength was noted to be intact in both upper extremities, and deep tendon reflexes were symmetrical in the biceps, triceps and brachioradialis. The injured worker's pain was unchanged.

Functional deficits and activities of daily living were unchanged. Work functions were unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 10/28/2014, Utilization Review non-certified a prescription for trial cervical Epidural Steroid Injection at C5-C6, physical therapy 3 times per week for 4 weeks for the cervical spine, and a pain management consultation which were received on 0/21/2014. According to the UR, the requested trial cervical Epidural Steroid Injection at C5-C6 was denied based on the absence of a MRI study and insufficient evidences of radiculopathy as found during a clinical exam. The MTUS guidelines (page 46) were cited. This UR decision was appealed for an IMR. The physical therapy 3 times per week for 4 weeks (#12) for the cervical spine was non-certified based on exceeding the guidelines (32 physical therapy sessions previously authorized) with insufficient improvement in range of motion, decrease in pain, or improvement in function. The MTUS Physical Medicine guidelines (98-99) were cited. This UR decision was appealed for an IMR. The pain management consultation was non-certified based on lack of documentation and or information regarding the injured worker's current clinical and functional status or whether the injured worker is responding to treatment or progressing despite treatment. It was also noted that there was no documented purpose or reason given for the pain management consultation. The ACOEM guidelines (page 127) were cited in this decision. This UR decision was appealed for IMR. The submitted application for Independent Medical Review (IMR) requested an appeal for injection-steroid trial cervical Epidural Steroid Injection at the C5-C6, left shoulder, cervical spine, physical therapy for the cervical spine 3 times per week for 4 weeks quantity: 12, and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Cervical Epidural Steroid Injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical Epidural Corticosteroid Injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. Epidural Steroid Injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient recently received cervical epidural injection without documentation of the results of this injection. In his recent request, the provider did not document any signs of radiculopathy at C5-6 levels of the requested cervical injections. In addition, there is no clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for neck pain without radiculopathy. Therefore, the request for Trial Cervical Epidural Steroid Injection at C5-C6 is not medically necessary.

Physical Therapy Cervical Spine 3x 4: 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.

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. There is no documentation of objective findings that the patient condition needed physical therapy. The patient underwent several physical therapy sessions without documentation of clear benefit. The patient was previously authorized for 32 sessions of physical therapy. Therefore Physical Therapy Cervical Spine 3x 4 is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Imme.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of

MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach :(a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management Consultation is not medically necessary.