

Case Number:	CM14-0192396		
Date Assigned:	11/26/2014	Date of Injury:	06/24/2014
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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 injured worker is a 43-year-old man with a date of injury of 6/24/14. The patient is experiencing exacerbation of neck pain with radiation into bilateral upper limbs. Physical examination was notable for progressive left triceps weakness and left C7 distribution paresthesias and pain. Reported cervical MRI indicates C5-6 and C6-7 disc bulge and C2-3 and C3-4 disc herniations. Treatment has included pain medications and several physical therapy sessions. On 8/26/14 the 11th physical therapy progress note indicates therapeutic exercise, manual therapy, electrical stimulation and hot/cold packs application was being performed resulting in reduced pain and paresthesias but there was progression of weakness. Request was subsequently made for C6-7 epidural steroid injection and 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The injured worker presents with acute left C7 radiculopathy diagnosed by EMG on 8/18/14 and corroborated by physical exam findings. Records indicate that a left cervical epidural steroid injection at C7-T1 was performed on 7/14/14 with subsequent decrement of neck pain from severe to mild-to-moderate. Records also indicate several physical therapy sessions with documentation available for the 11 of 12th visits indicating increased toleration of exercise program and decreased pain. With regards to request for C6-7 Epidural Steroid Injection, MTUS guidelines recommend Cervical Epidural Steroid Injections for patients who otherwise would undergo open surgical procedure for nerve root decompression. Spine surgery consultation from 6/24/14 indicates a cervical disc replacement is being considered. Request for C6-7 Epidural Steroid Injection is consistent with MTUS guidelines and is therefore medically necessary.

Physical Therapy x 12 visits: Upheld

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

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

Decision rationale: The injured worker presents with acute left C7 radiculopathy diagnosed by EMG on 8/18/14 and corroborated by physical exam findings. Records indicate that a left cervical epidural steroid injection at C7-T1 was performed on 7/14/14 with subsequent decrement of neck pain from severe to mild to moderate. Records also indicate several physical therapy sessions with documentation available for 11 of 12th visits indicating increased toleration of exercise program and decreased pain. With regards to request for 12 physical therapy visits, MTUS guidelines recommends 8-10 visits over 4 weeks allowing for fading of treatment frequency for the diagnosis of radiculitis. Request for 12 physical therapy visits exceeds the MTUS recommended frequency and duration and is therefore not medically necessary.