

Case Number:	CM14-0193113		
Date Assigned:	11/26/2014	Date of Injury:	02/06/2004
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
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 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:

Patient is a 50 year-old male with date of injury 02/06/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/23/2014, lists subjective complaints as pain in the neck. Objective findings: Examination of the cervical spine revealed tenderness to palpation along the C6 and C7 spinous processes with radiation down the right arm. Strength testing was 4/5 on the right and 5/5 on the left. Limited range of motion with flexion to 20 degrees and extension to less than 5 degrees. Decreased sensation to pinprick in right upper extremity compared to the left at C7 and C8 distributions. MRI of cervical spine from 09/30/2009 was notable for C6-7 disc level 1-2mm posterior disc protrusion. There was no evidence of spinal stenosis. Diagnosis: 1. Status post left knee total knee replacement 2. Right shoulder status post arthroscopy, subacromial decompression and AC joint resection 3. Right shoulder strain/tendinitis 4. Cervical strain 5. Radiculitis of right upper extremity 6. Left shoulder strain/impingement syndrome 7. Low back pain with disc bulge 8. Antalgic gait 9. Depression 10. Plantar fasciitis bilaterally 11. Obesity secondary to injuries. Original reviewer modified the Behavioral Therapy request from 12 sessions to 6 sessions and the Acupuncture request from 18 sessions to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Interlaminar Epidural Injection at C7-T1: Upheld

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 MTUS states that 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. Cervical Interlaminar Epidural Injection at C7-T1 is not medically necessary.

12 Cognitive Behavioral Therapy Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Behavioral interventions

Decision rationale: The Official Disability Guidelines allow for an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). The request is for more than what is recommended by the ODG to determine objective functional improvement. 12 Cognitive Behavioral Therapy Sessions is not medically necessary.

18 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. 18 Acupuncture sessions are not medically necessary.