

Case Number:	CM14-0206873		
Date Assigned:	12/18/2014	Date of Injury:	07/18/2013
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 60 year old male with an injury date on 07/18/2013. Based on the 11/17/2014 progress report provided by the treating physician, the diagnoses are:1. Cervicalgia with right upper extremity radiculopathy 2. Cervical degenerative disc disease3. Lumbago 4. Lumbar degenerative disc disease According to this report, the patient complains of "chronic neck pain as well as lower back pain." Physical exam reveals mild tenderness and spasm at the cervical paraspinal muscles, occipital muscle, trapezius musculature, cross the lower lumbar spine, and left sciatic notch. Range of motion of the cervical and lumbar spine is limited. Deep tendon reflexes of the left biceps and triceps reflexes are 1+ and right biceps and triceps reflexes are trace. Knee reflexes 1+ and symmetric, left ankle reflex 1+ and right ankle reflex absent. Straight leg raise and Lasegue's test are positive on the left. The treatment plan is to request for physical therapy for the cervical and lumbar spine, lumbar ESI, and return for a follow up visit in 4 weeks. The patient's work status is "modified duties." The 11/05/2014 report indicates patient's pain is a 7/10 with a past surgical history of L4-5 surgery/fusion. MRI of the lumbar on 10/17/2014 shows:1. L1-L2: Mild annular bulge2. L2-L3: Minimal annular bulge. Far left lateral annular tear and small protrusion noted incidentally3. L3-4: Normal disc. Facet hypertrophy bilaterally4. L4-5: Well maintained thecal sac. No spur.5. L5-S :No spinal canal stenosis There were no other significant findings noted on this report. The utilization review denied the request for 12 sessions of physical therapy and lumbar epidural steroid injection on 11/20/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/14/2014 to 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the cervical spine, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Pain Outcomes and Endpoints Page(s): 98 and 99; 8 of 127.

Decision rationale: According to the 11/17/2014 report, this patient presents with "chronic neck pain as well as lower back pain." The current request is for Physical therapy of the cervical spine, twice weekly for six weeks. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the available records shows no therapy reports and there is no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treating physician does not discuss the patient's treatment history nor the reasons for requested 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. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request is not medically necessary.

A lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar ESI Page(s): 46 and 47.

Decision rationale: According to the 11/17/2014 report, this patient presents with "chronic neck pain as well as lower back pain." The current request is for a lumbar epidural steroid injection. 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. The treating physician documented that the patient has decreased deep tendon reflex and there is positive straight leg raise. However, MRI shows minimal annular bulge at L1-L2 and L2-L3. Bulging discs are normal findings and unlikely the source of the patient's radicular symptoms. In this case, the imaging study provided by the treating physician does not corroborate the radiculopathy as required by MTUS. Furthermore, the treating physician does not indicate the levels of the injection. The current request is not medically necessary.