MAXIMUS Federal Services

Case Number:	CM14-0209370		
Date Assigned:	12/22/2014	Date of Injury:	06/27/2001
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 53 year-old female with a 6/27/01 date of injury. 8 medical reports are reviewed from 4/15/14 through 11/5/14. According to the 11/5/14 orthopedic report, the patient has multiple industrial injury claims and presents with 6/10 neck, back and wrist pain. The cervical pain radiates to the right arm; the low back pain radiates to the right lower extremity. Exam on 11/5/14 shows tenderness in the cervical and lumbar regions, limited range of motion all planes, neurologically unchanged. This is identical to the exam on 10/8/14, and 9/17/14. The 8/29/14 report adds positive bilateral SLR. The 4/15/14 report states the patient had a lumbar epidural injection 2-weeks ago, and "her low back pain is substantially improved" but there is no pain assessment with VAS. There were no exam findings showing radiculopathy. The 5/14/14 report states the patient had a second lumbar epidural injection and continues to "facilitate significant diminution in radiculopathy" On 11/1814 utilization review denied PT stating it has no role in treating claimants with chronic pain; denied a repeat lumbar epidural injection because there is no documentation of length of symptom relief from the prior injection; and denied a cervical pillow because the patient is not performing a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 3 times 4 to cervical spine: 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): 98-99.

Decision rationale: The patient presents with neck back and wrist pain. The physician requested continued PT for the cervical spine, 3 times 4. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The request for 12 sessions of PT would exceed the MTUS guidelines recommendations. The request for physical therapy (PT) 3 times 4 to cervical spine is not medically necessary.

Lumbar Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with neck back and wrist pain. The physician requested a lumbar epidural injection. The records show the patient had the first lumbar epidural injection around April 2014 without any discussion on percentage of pain relief or duration of benefit. The 5/14/14 report states the patient had a second lumbar epidural injection. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46, Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year... and current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase... [and] recommend no more than 2 ESI injections."The patient has apparently had 2 lumbar epidural injections, which are about 4-weeks apart. There is no indication that the first epidural injection provided at least 50% pain relief for 6-8 weeks. There are no current exam findings that document radiculopathy, and there are no lumbar imaging studies or electrodiagnostic studies provided that support the diagnosis of radiculopathy. MTUS does not recommend more than 2 epidural injections. The patient does not meet the MTUS criteria for a 3rd lumbar epidural injection. The request for lumbar epidural injection is not medically necessary.

Cervical Pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Pillow

Decision rationale: The request is for a cervical pillow. The MTUS/ACOEM guidelines did not discuss cervical pillows. ODG guidelines were consulted. ODG-TWC guidelines, Neck and Upper Back section for Pillow states: "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007)"The ODG guidelines are clear that the neck support pillow is recommended in conjunction with daily exercise. The guidelines state that the pillow or exercise alone did not provide clinical benefit. The available reports do not discuss whether the patient does daily exercise, and if so, what the exercises are comprised of. The ODG criteria for use of a neck support pillow have not been met. The request for a cervical pillow is not medically necessary.