

Case Number:	CM14-0021457		
Date Assigned:	05/07/2014	Date of Injury:	05/29/2002
Decision Date:	05/01/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 61 year old male, who sustained an industrial injury on 05/29/2002. Initial complaints reported included injury to the neck and left shoulder due to twisting. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, MRIs of the cervical spine, x-rays, cervical epidural steroid injections (02/19/2014), surgery (left knee 1983), electrodiagnostic testing, and conservative therapies. Per the agreed medical examination (02/25/2014), the injured worker complained of ongoing neck pain. There were no records dated prior to request for authorization. Diagnoses included myofascial sprain of the cervical spine, cervical radiculopathy, rule out carpal tunnel syndrome and left knee osteoarthritis. The treatment plan consisted of a cervical epidural steroid injection at the left-sided C6-C7, and 6 session of physical therapy (post procedure).

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Physical Therapy Visits Post Epidural Steroid Injection (ESI): 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 and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-physical therapy Post-injection treatment.

Decision rationale: Six physical therapy visits post epidural steroid injection (ESI) is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that physical therapy should be directed towards an independent home exercise program. The ODG recommends only 2 visits post injection. There are no extenuating circumstances requiring more than 2 visits post injection. The request for 6 visits is not medically necessary.