

Case Number:	CM15-0001661		
Date Assigned:	01/12/2015	Date of Injury:	06/20/2012
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/05/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female with an injury date of 06/20/12. Based on the 01/28/14 progress report provided by treating physician, the patient complains of cervical spine irritation with numbness and tingling in the right hand. Patient is status post epidural C5-6 bilateral facet joint injection with fluoroscopy on 02/13/14. Physical examination on 01/28/14 revealed decreased sensation in the upper extremities. Some irritability with Spurling's and Shoulder abduction tests. Per progress report dated 08/15/14, the patient has "over 80% relief and it has been six months," since last cervical epidural injection on 02/13/14, and has "positive range of motion improvement of the cervical spine." The patient has a "home traction machine that has been going well for her," and continues with physical therapy, per treater report dated 08/05/14. Treater states in progress report dated 09/15/14, which is the latest report that patient "has C1-2 issues, as well as C4-5 kyphosis. The shot gave her great relief and she is improving significantly." Patient is working regular duty without restrictions, per treater report dated 09/15/14. Diagnosis 01/28/14, 02/27/14, 08/05/14- disc degeneration cervical spine, cervical radiculopathy. Diagnosis 02/13/14, per operative report- spinal stenosis, degenerative disk disease, spinal radiculopathy, facet arthropathy. Procedure: epidural C5-6 bilateral facet joint injection with fluoroscopy. The utilization review determination being challenged is dated 12/01/14. Treatment reports were provided from 01/28/14 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral cervical epidural injection C5-6, C6-7 between 11/21/2014 and 2/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Per progress report dated 01/28/14, the patient presents with cervical spine irritation with numbness and tingling in the right hand. The request is for 1 BILATERAL CERVICAL EPIDURAL INJECTION C5-6, C6-7 BETWEEN 11/21/14 AND 02/23/15. Patient is status post epidural C5-6 bilateral facet joint injection with fluoroscopy on 02/13/14. Patient's diagnosis on 02/13/14, per operative report included spinal stenosis, degenerative disk disease and spinal radiculopathy. Per progress report dated 08/15/14, the patient has "over 80% relief and it has been six months," and has "positive range of motion improvement of the cervical spine." Patient is working regular duty without restrictions, per treater report dated 09/15/14. MTUS page 46,47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further 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." Treater has not provided reason for the request. Treater states in progress report dated 09/15/14, which is the latest report that patient "has C1-2 issues, as well as C4-5 kyphosis. The shot gave her great relief and she is improving significantly." Repeat injection to C5-6 level would be indicated by guidelines based on documented improvement. However, there are no physical examination findings for the C6-7 level, and there is no documentation of radiculopathy presented in latest progress reports. Furthermore, no imaging or electrodiagnostic studies have been submitted for review pertaining to C5-6 and C6-7 levels to be injected. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.

8 Sessions of physical therapy between 11/21/2014 and 2/23/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

Decision rationale: Per progress report dated 01/28/14, the patient presents with cervical spine irritation with numbness and tingling in the right hand. The request is for 8 SESSIONS OF PHYSICAL THERAPY BETWEEN 11/21/14 AND 02/23/15. Patient is status post epidural

C5-6 bilateral facet joint injection with fluoroscopy on 02/13/14. Patient's diagnosis on 02/13/14, per operative report included spinal stenosis, degenerative disk disease and spinal radiculopathy. Patient is working regular duty without restrictions, per treater report dated 09/15/14. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater states in progress report dated 09/15/14, that patient "has C1-2 issues, as well as C4-5 kyphosis. The shot gave her great relief and she is improving significantly." The patient has a "home traction machine that has been going well for her," and continues with physical therapy, per treater report dated 08/05/14. Per treater report dated 09/15/14, patient continues with physical therapy. Treater has not provided reason for the request, nor documented total number of physical therapy visits. Furthermore, there are no discussion why on-going supervised therapy is needed. It appears the request may be for postoperative physical therapy based on request for cervical epidural injection. However, the request for ESI has not been authorized. Therefore, the request IS NOT medically necessary.