

Case Number:	CM15-0006665		
Date Assigned:	01/26/2015	Date of Injury:	05/08/2008
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona
 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 injured worker is a 46-year-old male who reported an injury on 05/08/2008, due to an unspecified mechanism of injury. An MRI of the cervical spine, performed on 11/11/2014, showed a prior C5-6 anterior fusion with hardware complication, multilevel disc facet “and uncovertebral degenerative disc disease along the cervical spine as described with a C3-4 mild spinal canal and mild bilateral neural foraminal stenosis at the C6-7 mild left neural foraminal stenosis and incidental finding of a 3 cm left maxillary sinus polyp versus mucus retention cyst.” On 12/08/2014, he presented for a follow-up evaluation. It was stated that he completed 8 sessions of aquatic therapy, and was requesting a gym membership to continue with aquatic therapy, and use circuit machines and stretching bands for strength. He stated that overall he had improvement in his range of motion, neck, back and extremities. He also reported significant improvement in range of motion of the bilateral shoulders after receiving injections. He stated that he would like to go forward with an arthroscopy of his knees to alleviate his knee pain. His medications included Prozac, Norco and gabapentin. A physical examination showed decreased range of motion on flexion and extension, plus sensory deficits in the C6-T1 dermatomes and positive grip strength. It was noted that he ambulated slowly with some difficulty and had decreased range of motion of the back and tenderness. There was positive tenderness at the bilateral shoulders and better range of motion. The treatment plan was for a cervical epidural injection at the C7-T1, a 1 year gym membership and bilateral knee CT scan. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 45.

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended when radiculopathy is present on examination and corroborated by imaging studies and electrodiagnostic testing. There should be documentation of failure of recommended conservative treatment and evidence that the injection would be performed using fluoroscopic guidance. While it is noted that the injured worker had sensory deficits in a dermatomal pattern, the MRI does not show evidence of radiculopathy at the requested level to support the injection. Also, it was not stated whether the injection would be performed using fluoroscopic guidance within the request. In the absence of this information, the request would not be supported. As such, the request is not medically necessary.

A one-year gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, And the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114

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

Decision rationale: The California MTUS Guidelines do recommend exercise, but state that there is no evidence to support any 1-exercise regimen over another. There is a lack of documentation to support that a 1-year gym membership is medically necessary for the injured worker. There is no documentation stating that the injured worker is unable to perform a home exercise program, and therefore, the request would not be supported. As such, the request is not medically necessary.

Bilateral knee CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The request for bilateral CT scan of the knee is not supported. The California ACOEM Guidelines indicate that imaging studies should not be carried out for the knee until after a period of care and observation fails to improve symptoms. The clinical documentation submitted for review does indicate that the injured worker is symptomatic regarding the knees. However, there is a lack of documentation showing that he has any significant functional deficits to support the request for a CT scan. Also, there is a lack of documentation indicating that he had tried and failed all recommended conservative treatment options towards his knee symptoms to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.