

Case Number:	CM15-0131005		
Date Assigned:	07/17/2015	Date of Injury:	09/26/2001
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female who sustained an industrial injury on 6/26/01 when she lifted a large metal roll-up door (per utilization review). She currently complains of increasing constant cervical pain mostly at the base of the neck with radiation into the upper extremities bilaterally to the hands, left greater than right, paresthesia, spasms, limited range of motion and tenderness of the cervical spine; constant lower lumbar spine pain bilaterally with radiation of pain and paresthesia into the legs with stiffness and tightness that limits motion. She uses a walker for ambulation. Medications were Protonix, Percocet, Duragesic patch, Zofran. Diagnoses include disc bulge/ herniation with radiculopathy/ neuritis without myelopathy (cord compression) lumbar spine; arthropathy (facet), lumbar; cervical disc bulge; cervical sprain; status post lumbar/ cervical decompression; status post lumbar fusion anterior; cervical radiculitis/ brachial neuritis; diabetes; obesity. Treatments to date include medications; cervical spine injection with excellent results (per 4/8/15 note). Diagnostics include MRI cervical spine (8/16/13) showing disc problems at C4-6. In the progress note dated 6/9/15 the treating provider's plan of care includes requests for cervical epidural steroid injection @ C4-5; post injection aquatic physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127. Decision based on Non-MTUS Citation ODG, Neck, ESI.

Decision rationale: This claimant was injured in 2001 lifting a metal roll-up door. There is persistent neck pain, and low back pain. She uses a walker for ambulation. Diagnoses include disc bulge/ herniation with radiculopathy/ neuritis without myelopathy (cord compression) lumbar spine; arthropathy (facet), lumbar; cervical disc bulge; cervical sprain; status post lumbar/cervical decompression; status post lumbar fusion anterior; cervical radiculitis/brachial neuritis; diabetes; obesity. Diagnostics include MRI cervical spine (8/16/13) showing disc problems at C4-6. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not met. Moreover, the ODG is now not recommending cervical ESI at all, since the risk now outweighs benefit. The request appears appropriately non-certified based on the above. The request is not medically necessary.

Water based aerobic physical therapy 2 times a week for 4 weeks, 1 week post injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127 and -age 22 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back regarding aquatic therapy.

Decision rationale: As shared earlier, this claimant was injured in 2001 lifting a metal roll-up door. There is persistent neck pain, and low back pain. She uses a walker for ambulation. Diagnoses include disc bulge/herniation with radiculopathy/neuritis without myelopathy (cord compression) lumbar spine; arthropathy (facet), lumbar; cervical disc bulge; cervical sprain; status post lumbar/cervical decompression; status post lumbar fusion anterior; cervical radiculitis/brachial neuritis; diabetes; obesity. Diagnostics include MRI cervical spine (8/16/13) showing disc problems at C4-6. Specifically regarding aquatic therapy, the cited guides note under Aquatic Therapy: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there is no evidence of conditions that would drive a need for aquatic therapy, or a need for reduced weight bearing. The MTUS does permit forms of physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9

729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, it is not clear why warm water aquatic therapy would be chosen over land therapy. Finally, after prior sessions, it is not clear why the patient would not be independent with self-care at this point. Finally, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request above is not medically necessary.