

Case Number:	CM15-0131919		
Date Assigned:	07/20/2015	Date of Injury:	12/05/2012
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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 was a 43 year old female, who sustained an industrial injury, December 5, 2012. The injured worker was carrying a 4 by 8 sheet of plywood and stepped in a mud hole and fell onto the right side of the body. The wood hit the injured worker on the back and the head. The injured worker previously received the following treatments Naproxen, Ibuprofen, Omeprazole, Hydrocodone, Tylenol #3, Elavil, Bio-Therm, Kera-Tek Gel, 12 sessions of physical therapy for the lumbar spine and cervical spine, and lumbar spine MRI. The injured worker was diagnosed with lumbago and cervicgia, right trapezial and cervical strain/sprain, right shoulder sprain/strain with mild adhesive capsulitis, improved with residual impingement syndrome, status post right carpal tunnel release, lumbosacral sprain/strain, cervical facet syndrome, cervical radiculopathy, lumbar disc protrusion, lumbar facet syndrome, lumbar spinal stenosis, lumbar radiculopathy, healed metatarsal fractures on the right, healed left lateral epicondylitis and healed laceration of the right index finger with mild limitation of motion. According to progress note of May 5, 2015, the injured worker's chief complaint was neck right shoulder, bilateral wrists and low back right leg pain. The neck was radiating into the right upper extremity. The pain was burning, stabbing, sharp. There were associated symptoms of difficulty staying asleep due to the pain, depression, frustration due to the burning pain and wakes up due to the pain. The right shoulder pain was intermittent numbness and weakness of the right shoulder. The pain was stabbing burning and sharp. The lower back pain was radiating into the right lower extremity. The pain was burning, stabbing and sharp. The pain was aggravated by cold temperatures, weather changes, physical therapy, pressure, movement,

sneezing, coughing, stress and prolonged sitting or standing. The injured worker's pain level was 10 out of 10 at this visit, 8 out of 10 with pain medications and 10 out of 10 without pain medications. The physical exam noted tenderness of the cervical spinous processes and interspaces C4-C7 with palpation of the cervical facet reveals tenderness over C4-C7 facet joints bilaterally with positive provocation test. The injured worker had tightness, tenderness and trigger points in the cervical paravertebral, trapezius, levator scapulae, supraspinatus and infraspinatus muscles bilaterally, right greater than the left. There was tenderness with palpation lumbar facet joints at L3 to S1 bilaterally, with positive provocation test. There was tenderness over the lumbar spinous processes and interspaces at L3-S1. Palpation of the bilateral sacroiliac joint area revealed right side pain and none on the left side. The treatment plan included lumbar epidural steroid injection, additional acupuncture for the cervical spine and lumbar spine, additional physical therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Lumbar epidural steroid injection, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs) note the criteria for epidural injections are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has neck, right shoulder, bilateral wrists and low back right leg pain. The neck was radiating into the right upper extremity. The pain was burning, stabbing, sharp. There were associated symptoms of difficulty staying asleep due to the pain, depression, frustration due to the burning pain and wakes up due to the pain. The right shoulder pain was intermittent numbness and weakness of the right shoulder. The pain was stabbing burning and sharp. The lower back pain was radiating into the right lower extremity. The pain was burning, stabbing and sharp. The pain was aggravated by cold temperatures, weather changes, physical therapy, pressure, movement, sneezing, coughing, stress and prolonged sitting or standing. The injured worker's pain level was 10 out of 10 at this visit, 8 out of 10 with pain medications and 10 out of 10 without pain medications. The physical exam noted tenderness of the cervical spinous processes and interspaces C4-C7 with palpation of the cervical facet reveals tenderness over C4-C7 facet joints bilaterally with positive provocation test. The injured worker had tightness, tenderness and trigger points in the cervical paravertebral, trapezius, levator scapulae, supraspinatus and infraspinatus muscles bilaterally, right greater than the left. There was tenderness with palpation lumbar facet joints at L3 to S1 bilaterally, with positive provocation test. There was tenderness over the lumbar spinous processes and interspaces at L3-S1. Palpation of the bilateral sacroiliac joint area revealed right side pain and none on the left side.

The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Lumbar epidural steroid injection is not medically necessary.

Physical therapy for the cervical and lumbar spine, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The requested Physical therapy for the cervical and lumbar spine, quantity: 12 sessions, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck, right shoulder, bilateral wrists and low back right leg pain. The neck was radiating into the right upper extremity. The pain was burning, stabbing, sharp. There were associated symptoms of difficulty staying asleep due to the pain, depression, frustration due to the burning pain and wakes up due to the pain. The right shoulder pain was intermittent numbness and weakness of the right shoulder. The pain was stabbing burning and sharp. The lower back pain was radiating into the right lower extremity. The pain was burning, stabbing and sharp. The pain was aggravated by cold temperatures, weather changes, physical therapy, pressure, movement, sneezing, coughing, stress and prolonged sitting or standing. The injured worker's pain level was 10 out of 10 at this visit, 8 out of 10 with pain medications and 10 out of 10 without pain medications. The physical exam noted tenderness of the cervical spinous processes and interspaces C4-C7 with palpation of the cervical facet reveals tenderness over C4-C7 facet joints bilaterally with positive provocation test. The injured worker had tightness, tenderness and trigger points in the cervical paravertebral, trapezius, levator scapulae, supraspinatus and infraspinatus muscles bilaterally, right greater than the left. There was tenderness with palpation lumbar facet joints at L3 to S1 bilaterally, with positive provocation test. There was tenderness over the lumbar spinous processes and interspaces at L3-S1. Palpation of the bilateral sacroiliac joint area revealed right side pain and none on the left side. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for the cervical and lumbar spine, quantity: 12 sessions is not medically necessary.

Acupuncture treatment for the cervical and lumbar spine, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Physical therapy for the cervical and lumbar spine, quantity: 12 sessions, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has neck, right shoulder, bilateral wrists and low back right leg pain. The neck was radiating into the right upper extremity. The pain was burning, stabbing, sharp. There were associated symptoms of difficulty staying asleep due to the pain, depression, frustration due to the burning pain and wakes up due to the pain. The right shoulder pain was intermittent numbness and weakness of the right shoulder. The pain was stabbing burning and sharp. The lower back pain was radiating into the right lower extremity. The pain was burning, stabbing and sharp. The pain was aggravated by cold temperatures, weather changes, physical therapy, pressure, movement, sneezing, coughing, stress and prolonged sitting or standing. The injured worker's pain level was 10 out of 10 at this visit, 8 out of 10 with pain medications and 10 out of 10 without pain medications. The physical exam noted tenderness of the cervical spinous processes and interspaces C4-C7 with palpation of the cervical facet reveals tenderness over C4-C7 facet joints bilaterally with positive provocation test. The injured worker had tightness, tenderness and trigger points in the cervical paravertebral, trapezius, levator scapulae, supraspinatus and infraspinatus muscles bilaterally, right greater than the left. There was tenderness with palpation lumbar facet joints at L3 to S1 bilaterally, with positive provocation test. There was tenderness over the lumbar spinous processes and interspaces at L3-S1. Palpation of the bilateral sacroiliac joint area revealed right side pain and none on the left side. The treating physician has not documented the medical necessity for acupuncture sessions beyond the guideline recommended trial of 4-6 sessions and then re-evaluation. The criteria noted above not having been met, Acupuncture treatment for the cervical and lumbar spine, quantity: 12 sessions is not medically necessary.