MAXIMUS Federal Services

Case Number:	CM15-0143016		
Date Assigned:	08/03/2015	Date of Injury:	01/09/2014
Decision Date:	09/01/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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, Pain Management

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 45 year old female, who sustained an industrial injury on 1-9-2014. She reported a slip and fall injury in which she struck her head. Diagnoses have included post-concussion syndrome, headaches, neck pain, cervical radiculopathy, bilateral shoulder pain, low back pain with sciatica, chronic pain syndrome, depression, anxiety, C5-6 disc herniation, bilateral knee pain and possible osteoarthritis. Treatment to date has included magnetic resonance imaging (MRI), home exercise program and medication. According to the progress report dated 6-16-2015, the injured worker complained of headaches, right shoulder pain, low back pain, neck pain, bilateral leg pain, left arm pain and knee pain. She rated her pain as seven to eight out of ten. She complained of poor walking endurance and burning pain in her bilateral legs. She complained of pain radiating from her neck down to her right shoulder and into her right upper extremity, associated with numbness and tingling. Physical exam revealed pain across the lumbosacral spine. Spurling's sign was positive. Authorization was requested for physical therapy for the neck, shoulder and bilateral knees and a right C5-C6 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for neck, shoulder and bilateral knees Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Shoulder, and Knee Chapters, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

Right C5-C6 epidural steroid injection Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, the current objective and imaging findings do not clearly corroborate radiculopathy at the proposed injection level. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.