

Case Number:	CM15-0148530		
Date Assigned:	08/11/2015	Date of Injury:	04/19/2011
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

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 33 year old female who sustained an industrial injury on 4-19-11. Treatments include: medication, wrist splinting at night and physical therapy. She had complaints of pain in her right index finger, hand and wrist with radiation up to her right shoulder. Progress report dated 6-1-15 reports continued complaints of right upper extremity pain. Diagnoses include: right cervical radiculopathy, cervical facet arthropathy, bilateral carpal tunnel syndrome, cervical myofascial strain, left ulnar neuropathy, cervicgia and left medial epicondylitis. Plan of care includes: medications; Gabapentin, naproxen, ketoprofen cream, lumbar epidural steroid injection, home exercise program, review EMG results, request physical therapy 2 times per week for 8 weeks for cervical stabilization and cervical radiculopathy treatment, continue using night splint and possible cortisone injection if failed conservative management. Work status: per primary treating physician. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for right upper extremity pain. Prior treatments have included 12 sessions of physical therapy as of 03/02/15. An MRI of the cervical spine in May 2015 included findings of mild multilevel degenerative disc disease with small disc protrusions with mild canal stenosis and without foraminal stenosis. When seen, she was having right-sided neck pain radiating into her arm and hand. Physical examination findings included positive right Spurling's testing and decreased upper extremity sensation. There was decreased left wrist and hand strength. Cervical facet loading was positive. Phalen's testing was positive bilaterally. Tinel's testing was positive at the wrist bilaterally and at the left elbow. There was right medial epicondyle tenderness. Electrodiagnostic testing in February 2015 had been within normal limits. Diagnoses include bilateral carpal tunnel syndrome. Authorization was requested for physical therapy and a cervical epidural injection. Recommendations also included continuation of a home exercise program. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Cervical Spine IL ESI at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for right upper extremity pain. Prior treatments have included 12 sessions of physical therapy as of 03/02/15. An MRI of the cervical spine in May 2015 included findings of mild multilevel degenerative disc disease with small disc protrusions with mild canal stenosis and without foraminal stenosis. When seen, she was having right-sided neck pain radiating into her arm and hand. Physical examination findings included positive right Spurling's testing and decreased upper extremity sensation. There was decreased left wrist and hand strength. Cervical facet loading was positive. Phalen's testing was positive bilaterally. Tinel's testing was positive at the wrist bilaterally and at the left elbow. There was right medial epicondyle tenderness.

Electrodiagnostic testing in February 2015 had been within normal limits. Diagnoses include bilateral carpal tunnel syndrome. Authorization was requested for physical therapy and a cervical epidural injection. Recommendations also included continuation of a home exercise program. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive Spurling's testing and decreased bilateral upper extremity sensation. However, the claimant's decreased left upper extremity strength and imaging and electrodiagnostic test results do not corroborate a diagnosis of right cervical radiculopathy. The requested cervical epidural steroid injection is not medically necessary.