

Case Number:	CM15-0164876		
Date Assigned:	09/02/2015	Date of Injury:	01/09/2011
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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 (IW) is a 37 year old male who sustained an industrial injury on 01-09-2011. He reported a pain in the neck, bilateral hands and back. The injured worker was diagnosed as having: Cervical strain/sprain and myofascial pain; Cervical radiculopathy; Cervical degenerative disc disease with right neuroforaminal narrowing at C4-C5 per MRI. Treatment to date has included physical therapy, chiropractic, acupuncture, electric stimulation unit, medications, injections, and wrist brace. Currently, the injured worker complains of constant neck pain rated a 7 on a scale of 10 and described as shooting, burning, achy, radiating, numbing, pressure and deep. His neck pain is improved with chiropractic, stretching, and massage, and becomes worse with weather, dealing with children and being overworked. He complains of hand pain described as burning, shooting, tingling, dull, achy, radiating, and numbing and is rated as a 6-7 on a scale of 0 -10. This pain is improved with stretching and changing positions and is worse with being overworked. He has constant back pain described as tingling, dull, shooting, throbbing, achy, burning, radiating, deep, and pressure and the back pain is rated as a 7-8 on a scale of 0-10. Examination of the cervical spine shows diffuse tenderness right greater than left and decreased range of motion about 50% without evidence of deficit in strength or stability. On examination of the lumbar spine, there is no tenderness in the lumbopelvic region, and there is full range of motion without evidence of deficit in strength and stability. The bilateral upper extremities have no localizing tenderness; there is symmetrical 5 out of 5 strength in the bilateral upper extremities. There is decreased sensation in the right 3, 4, and 5 digits, otherwise sensation is intact. The treatment recommendation is for a cervical

epidural injection to address the right-sided radiculopathy. The injection would be of therapeutic and diagnostic benefit. Post injection physical therapy is recommended to take advantages of the benefits of the cervical epidural injection. A request for authorization was submitted for: 1. Translaminar cervical epidural C6-7; 2. Post injection physical therapy x 6 for cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar cervical epidural C6-7: Overturned

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

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 November 2011 and is being treated for neck, back, and bilateral hand pain. When seen, complaints included shooting neck pain rated at 7/10. Physical examination findings included diffuse cervical spine tenderness with decreased range of motion. There was decreased right upper extremity sensation with normal strength and reflexes. An MRI of the cervical spine is referenced as showing multilevel disc disease with right lateralized foraminal narrowing at C4-5. Authorization for a cervical epidural injection and post- injection physical therapy were requested. Criteria for the use of epidural steroid injections include radicular pain with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant has radicular pain with decreased right upper extremity sensation and imaging showing right lateralized foraminal narrowing that correlates with the physical examination findings. The criteria are met and the requested epidural steroid injection is medically necessary.

Post injection physical therapy x 6 for cervical: 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), Neck, Physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in November 2011 and is being treated for neck, back, and bilateral hand pain. When seen, complaints included shooting neck pain rated at 7/10. Physical examination findings included diffuse cervical spine tenderness with decreased range of motion. There was decreased right upper extremity sensation with normal strength and reflexes. An MRI of the cervical spine is referenced as showing multilevel disc disease with right lateralized foraminal narrowing at C4-5. Authorization for a cervical epidural injection and post- injection physical therapy were requested. After an injection, guidelines

recommend up to 1-2 treatment sessions over 1 week. In this case, the number of visits requested is in excess of that recommended and is not medically necessary.