

Case Number:	CM15-0165490		
Date Assigned:	09/03/2015	Date of Injury:	12/08/2008
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 72 year old male who sustained an industrial injury on 12-08-2008. Mechanism of injury was not found in documents presented for review. Diagnoses include right C6 compression, cervical disc herniation at multiple levels, right shoulder rotator cuff syndrome-rule out tear, left carpal tunnel per clinical diagnosis, and right mild carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, epidural injections, acupuncture, and physical therapy. He is currently not working. A physician progress note dated 07-28-2015 documents the injured worker complains of persistent neck pain rated 8 out of 10 on the Visual Analog Scale, which radiates to the bilateral trapezius muscle and shoulder, left greater than right. He uses Kera-tek gel and no oral medications, and it helps reduce his pain from 8 out of 10 to 4 out of 10. He has cervical spine restricted range of motion secondary to pain. There is decreased sensation of C5, 6, and 7. Compression test was positive bilaterally. Treatment requested is for physical therapy with message; eight sessions (2x4), and Pain management consultation for cervical epidural steroid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for cervical epidural steroid: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, pain management consultation for cervical epidural steroid injection is not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. This can be used in people with the development's not recommended, cervical ESI may be supported with the following criteria An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical this herniation 3 mm at multiple levels; right C6 compression; right shoulder rotator cuff syndrome; right mid carpal tunnel syndrome; and left carpal tunnel syndrome clinically. Date of injury is December 8, 2008. Request for authorization is August 7, 2014. According to a July 28, 2015 progress note, subjectively the injured worker complains of neck pain 8/10 that radiates to the bilateral trapezius. Objectively, there is decreased sensation over the C4-C5, C6 and C7 dermatomes. Motor examination is normal. There is no clear-cut objective evidence of radiculopathy. There were no radiographic studies or electrodiagnostic studies in the record to support cervical radiculopathy. Based on the documentation, the treating provider may refer to the injured worker to a pain management specialist for evaluation. However, there is no clinical indication for cervical epidural steroid injection based on the subjective symptoms, objective findings and no documentation of a cervical radiculopathy. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation of objective cervical radiculopathy and no corroborating electrodiagnostic diagnostic studies or imaging, pain management consultation for cervical epidural steroid injection is not medically necessary.

Physical therapy with message; eight sessions (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Massage therapy Page(s): 98-99 and 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy/Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy with massage #8 sessions (two times per week times four weeks) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are cervical disc herniation 3 mm at multiple levels; right C6 compression; right shoulder rotator cuff syndrome; right mid carpal tunnel syndrome; and left carpal tunnel syndrome clinically. Date of injury is December 8, 2008. Request for authorization is August 7, 2014. According to a July 28, 2015 progress note, subjectively the injured worker complains of neck pain 8/10 that radiates to the bilateral trapezius. Objectively, there is decreased sensation over the C4-C5, C6 and C7 dermatomes. Motor examination is normal. There is no clear-cut objective evidence of radiculopathy. There were no radiographic studies or electrodiagnostic studies in the record to support cervical radiculopathy. There is no documentation in the medical record with a specified number of past physical therapy sessions or past massage therapy. The treating provider is requesting physical therapy with massage 8 sessions. The guidelines allow a 6 visit clinical trial of physical therapy and 4 to 6 visits of massage therapy in most cases. The treating provider has exceeded the recommended guidelines in the request for physical therapy with massage therapy at 8 sessions. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of prior physical therapy or massage therapy, no documentation demonstrating objective functional improvement with prior physical therapy or massage therapy and a treatment request that exceeds the recommended guidelines for a 6 visit clinical trial (physical therapy), physical therapy with massage #8 sessions (two times per week times four weeks) is not medically necessary.