

Case Number:	CM15-0168282		
Date Assigned:	09/09/2015	Date of Injury:	09/25/2010
Decision Date:	10/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female who sustained an industrial injury on 9-25-2010. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include cervical disc disease, status post multiple left shoulder arthroscopy, and a history of increased intraocular pressure, potentially related to cortisone injections post-surgery. Treatments to date include activity modification, anti-inflammatory, NSAID, physical therapy, and a home TENS unit. Currently, she complained of ongoing symptoms in the neck and left shoulder. On 6-23-15, the physical examination documented pain and tenderness about the cervical muscles with a positive Spurling maneuver on the left side. There was positive impingement signs documented. The treating diagnoses included cervical disc disease at C5-C6 level with interscapular radicular issues and myofascial pain. The medical records documented that six (6) physical therapy sessions had been completed. The plan of care included additional physical therapy and a cervical epidural injection. This appeal requested authorization of a transforaminal epidural steroid injection to left C5-C6 level and post injection physical therapy twice a week for three weeks. The Utilization Review dated 7-29-15, denied the request indicated the medical records did not include documentation of radiculopathy and therefore medical necessity had been met per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C5-C6 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS criteria for ESIs state: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." The treating physician has indicated that Spurling maneuver is positive, but does not describe radiation of symptoms in a specific nerve root distribution or focal neurological deficits per physical exam. Electro diagnostic studies confirming radiculopathy are not documented. There are insufficient documented objective findings to establish an unequivocal diagnosis of radiculopathy in this case. Therefore, MTUS criteria for ESIs are not met and medical necessity is not established for the requested injection. This request is not medically necessary.

Post Injection Physical Therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Physical Medicine.

Decision rationale: The requested ESI has not been certified. The timing or functional response to previous physical therapy is not documented. There is insufficient documented rationale to support medical necessity for an additional course of physical therapy at this point in time. This request is not medically necessary.