MAXIMUS Federal Services

Case Number:	CM15-0189245		
Date Assigned:	09/29/2015	Date of Injury:	12/05/1996
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, New York, California
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 applicant is a represented 54-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 12, 1996. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for 12-18 sessions of physical therapy and a cervical epidural steroid injection. The claims administrator referenced an RFA form dated August 24, 2015 in its determination and an associated office visit of August 18, 2015. The applicant's attorney subsequently appealed. On July 16, 2015, the applicant underwent a C4-C5 epidural steroid injection. The applicant already had a history of earlier cervical surgery, it was reported. On November 13, 2014, the applicant underwent a C4-C5 cervical epidural injection. On June 9, 2015, the applicant reported ongoing complaints of neck pain. The applicant was having difficulty finding work, it was reported. The applicant reported derivative complaints of anxiety and depression. The applicant was on Tenormin and naproxen. The attending provider suggested a repeat cervical epidural steroid injection. The applicant's permanent work restrictions were renewed. On August 18, 2015, the attending presented with ongoing complaints of neck pain radiating into the right arm. The applicant's pain complaints were described as "quite debilitating." The applicant had apparently failed to return to work and stated that she had developed depression and anxiety associated with her inability to return to work. The attending provider acknowledged that the applicant had only derived 3-4 weeks of analgesia from the prior epidural steroid injection but nevertheless stated that he was intent on repeating the same. Permanent work restrictions were renewed while the repeat epidural steroid injection and additional physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy cervical spine 2-3 x 6: 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): Introduction, Physical Medicine.

Decision rationale: No, the request for 12 to 18 sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. The 12- to 18-session course of treatment at issue, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, as suggested on August 18, 2015. The applicant remained dependent on other forms of medical treatment to include medications such as Naprosyn and epidural steroid injections, the treating provider acknowledged. Permanent work restrictions were renewed on August 18, 2015, seemingly resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 to 18 additional physical therapy treatments was not medically necessary.

C4-5 TESI: 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: Similarly, the request for a C4-C5 transforaminal epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was suggested on August 18, 2015. The applicant reported "quite debilitating" pain complaints on that date. Permanent work restrictions were renewed on office visits of August 18, 2015 and June 9, 2015, seemingly

resulting in the applicant's removal from the workplace. The treating provider himself acknowledged on August 18, 2015 that the applicant only derived three to four weeks of analgesia from a prior epidural steroid injection. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of prior cervical epidural steroid injections over the course of the claim. Therefore, the request was not medically necessary.