MAXIMUS Federal Services

Case Number:	CM15-0189276		
Date Assigned:	10/01/2015	Date of Injury:	09/01/2010
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 50-year-old male, who sustained an industrial injury on 09-01-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, cervical radiculopathy with multilevel degenerative disc disease, spinal stenosis, and facet arthropathy. Medical records (07-13-2015 to 09-08-2015) indicate ongoing and worsening neck pain and bilateral shoulder pain. Pain levels were not mentioned, and activity levels or level of function was not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-08-2015, revealed mildly limited cervical extension, moderate tenderness to pressure in the trapezius (right greater than left), tenderness to pressure in the mid to low cervical region "paraspinally", positive Spurling's maneuver on the left localizing to neck pain, and mildly decreased sensation over the C7 dermatome. No changes were noted from previous exam dated 08-17-2015. Relevant treatments have included work restrictions, and pain medications. A MRI of the cervical spine (09-01-2015) showed multilevel degenerative changes, mild spinal stenosis at several levels with no abnormal cord signal, and severe right-sided foraminal stenosis (greatest at C5-6 and C6-7). The request for authorization (09-08-2015) shows that the following procedure and therapy were requested: one level cervical interlaminar epidural steroid injection with catheter to C5-C6 and C6-C7, and 12 sessions of post-injection PT for the cervical spine. The original utilization review (09-14-2015) partially approved the request for one level cervical interlaminar epidural steroid injection with catheter to C5-C6 and C6-C7 (modified to C6-7 level only), and 12 sessions of post-injection PT for the cervical spine (modified to 2 sessions only).

IMR ISSUES, DECISIONS AND RATIONALES

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

One level cervical interlaminar epidural steroid injection with cathetor to C5-C6 and C6-C7 Qty: 1: 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: According to the guidelines, ESI may be appropriate for those with clinical and radiological findings that are consistent with radiculopathy. In this case, the claimant had left sided C7 symptoms and an MRI that indicated significantly arthropathy from C5-C7, which should be correlated with clinical symptoms. In this case, the claiamant's findings and symptoms correlated at C7 but not at C5-C6. As a result, the request for the above ESI is not medically necessary as requested.

Post-injection physical therapy for the cervical spine Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic; Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The 12 sessions exceed the guideline recommendations. In addition, the ESI is not recommended as noted above. Consequently, the 12 sessions of therapy are not medically necessary.