

Case Number:	CM15-0190519		
Date Assigned:	10/02/2015	Date of Injury:	02/24/2015
Decision Date:	11/20/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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 60-year-old who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of February 24, 2015. In a Utilization Review report dated September 16, 2015, the claims administrator approved a caudal epidural steroid injection, failed to approve a cervical epidural steroid injection, and partially approved request for 8 sessions of physical therapy as 6 sessions of physical therapy. The claims administrator referenced progress notes of August 25, 2015 and July 6, 2015 in its determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of low back pain, neck pain, and wrist pain. The attending provider suggested pursuit of a lumbar epidural steroid injection at L4-L5 and L5-S1. The attending provider placed the applicant off of work. Weakness of the anterior tibialis muscle was noted. The attending provider contended that the applicant would likely need a 2-level lumbar fusion surgery. Norco was renewed while the applicant was placed off of work, on total temporary disability. A hand specialist to evaluate issues with the bilateral wrist was sought, along with wrist MRI imaging. On August 25, 2015, the applicant reported ongoing complaints of low back, neck, shoulder, and right wrist pain. The attending provider suggested pursuit of a cervical injection followed by a caudal injection. The attending provider stated that the applicant had issues with disk degeneration of the cervical spine and cervical radiculopathy. The applicant exhibited positive Spurling maneuver. The attending provider stated that he would perform both a cervical epidural steroid injection and a caudal epidural steroid injection "at the same time." The applicant's work status was not reported on this date, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical ESI: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections (ESI).

Decision rationale: No, the request for 1 cervical epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, this recommendation is, however, qualified by commentary made in ODG's Low Back Chapter Epidural Steroid Injections topic to the effect that epidural steroid injections of the cervical and lumbar regions should not be performed on the same date. Here, the attending provider stated on August 25, 2015 that he was intent on performing both a cervical and a lumbar epidural steroid injection on the same date. The attending provider failed to reconcile this request with the unfavorable ODG position on the same. Therefore, the request is not medically necessary.

Physical therapy for the cervical/lumbar spine, twice weekly for four weeks: 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), Physical Therapy Guidelines.

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

Decision rationale: Similarly, the request for 8 sessions of physical therapy for the cervical and lumbar spines was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability; it was reported on July 6, 2015. Heightened pain complaints were noted on that date. The applicant could not work, the treating provider stated in several sections of the note. Norco was renewed. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 8 sessions of physical therapy is not medically necessary.