

Case Number:	CM15-0197827		
Date Assigned:	10/13/2015	Date of Injury:	07/31/2014
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male, who sustained an industrial-work injury on 7-31-14. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of cervical intervertebral disc and brachial neuritis or radiculitis. Treatment to date has included pain medication including Norco and Mobic, diagnostics, hot and cold therapy, acupuncture, physical therapy and home exercise program (HEP) have not provided significant relief of pain. Magnetic resonance imaging (MRI) of the cervical spine dated 1-23-15 reveals C3-4 disc osteophyte complex, C5-6 broad based disc bulge and right sided neuroforaminal encroachment. Medical records dated (2-18-15 to 8-26-15) indicate that the injured worker complains of continued pain in the neck with radiation in the left greater than the right hand. The physician indicates that he had a first cervical epidural steroid injection (ESI) in April of 2015 and obtained 70-80 percent relief and lasted for 3 months and then the pain gradually returned. The pain is rated 4-7 out of 10 on the pain scale with pain that also radiates to the left upper extremity with numbness and tingling in the left upper extremity and hand. Per the treating physician report dated 8-26-15 the injured worker has work restrictions. The physical exam dated 8-26-15 reveals that the cervical spine has decreased range of motion with pain, positive axial compression test and Spurling's test with pain radiating into the left C4-6 greater than the right. There is muscle spasms and tenderness along the paraspinal and trapezius muscles. There is decreased strength in the deltoid and biceps and decreased biceps reflex on left compared to the right upper extremity. There is decreased sensation on the left C4 and C5 compared to the right. The physician indicates that he was prescribed Neurontin and recommends epidural steroid

injection (ESI) followed by physical therapy. The request for authorization date was 9-25-15 and requested services included C4-5 First Epidural Injection and Physical Therapy; Twelve (12) Sessions (2x6) to follow. The original Utilization review dated 10-1-15 non-certified the request for C4-5 First Epidural Injection and Physical Therapy; Twelve (12) Sessions (2x6) to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 First Epidural Injection: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the provider reported 70-80% improvement post previous injections in April; however, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization, functional improvement documented or described in terms of increased rehabilitation status, activities of daily living or work performance level for this chronic July 2014 injury. Criteria for repeating the epidurals have not been met or established. The C4-5 First Epidural Injection is not medically necessary and appropriate.

Physical Therapy; Twelve (12) Sessions (2x6) to follow: Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions

without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. Additionally, as the C4-5 First Epidural Injection is not medically necessary and appropriate; thereby, the Physical Therapy; Twelve (12) Sessions (2x6) to follow is not medically necessary and appropriate.