MAXIMUS Federal Services

Case Number:	CM15-0202384		
Date Assigned:	10/19/2015	Date of Injury:	06/29/2012
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female who sustained an industrial injury on 6-29-12. A review of the medical records indicates she is undergoing treatment for cervical spondylosis and C5-C6 disc protrusion with radiculitis. Medical records (9-17-15) indicate complaints of "burning and radiating pain involving the neck and left muscle extending into the shoulder and radiating down to all 5 digits of the left hand". She reports that her pain is constant and is "getting worse". She states the pain is worse with turning her neck from side to side. Heat or cold to the area will improve the pain "for a short time". The physical exam reveals diffuse tenderness to palpation of the cervical spine. Pain is noted with lateral rotation. Motor strength is noted to be "5 out of 5" in all planes of upper and lower extremities. Sensation is "intact" to light touch in the C5-T1 and L1-S1 dermatomes bilaterally. No tenderness or spasm is noted in the thoracic spine. Bilateral shoulders have a "normal" exam. Diagnostic studies have included x-rays of the cervical spine, an MRI of the left shoulder, and an MRI of the cervical spine. Treatment has included at least 33 sessions of physical therapy (2-25-15), a home exercise program, and medications. Treatment recommendations include physical therapy for the cervical spine and epidural injections. The utilization review (10-7-15) includes requests for authorization of a cervical epidural steroid injection x 1 and physical therapy three times weekly for four weeks. The cervical epidural steroid injection was denied. Physical therapy was modified to 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI x1: 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." These guidelines regarding epidural steroid injections continue to state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." CA MTUS, Neck and Back Complaints, Initial Care states that "cervical epidural corticosteroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise." Facet injections are not recommended per the Summary of Recommendations table. In this case the exam notes provided do not demonstrate a radiculopathy that is specific to a dermatome on physical exam. In addition CA MTUS guidelines state that "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore the determination is not medically necessary.

Physical Therapy 3 x 4 week, Cervical Spine: 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: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested physical therapy exceeds the recommendation and this patient has undergone over 33 sessions of physical therapy, the determination is not medically necessary.