

Case Number:	CM15-0202962		
Date Assigned:	10/19/2015	Date of Injury:	12/03/2004
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii
 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:

This is a 54 year old female with a date of injury of December 3, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc degeneration, carpal tunnel syndrome, brachial neuritis or radiculitis, and myalgia and myositis. Medical records dated August 17, 2015 indicate that the injured worker complained of left shoulder pain rated at a level of 7 out of 10 radiating to the left arm and elbow, and right shoulder and arm pain rated at a level of 7 out of 10. Records also indicate that the pain has increased since the previous visit. A progress note dated September 28, 2015 documented complaints of right shoulder pain rated at a level of 7 out of 10 radiating to the neck, right arm, and right elbow. Per the treating physician (September 28, 2015), the employee was working full time without restrictions. The physical exam dated August 17, 2015 reveals restricted range of motion of the cervical spine, tenderness of the cervical paravertebral muscles bilaterally, spinous process tenderness at C6 and C7, tenderness at the right acromioclavicular joint, positive Tinel's sign on the left, decreased strength of the right shoulder, wrist and hand, and hyperesthesia over the medial forearm and lateral forearm on the right. The progress note dated September 28, 2015 documented a physical examination that showed no changes since the examination performed on August 17, 2015. Treatment has included eight sessions of acupuncture, eight sessions of physical therapy, cervical epidural steroid injection (April of 2011) with more than 50% relief for several months, and medications (Hydrocodone-Acetaminophen and Naproxen Sodium). The original utilization review (October 12, 2015) non-certified a request for six additional sessions of physical therapy and a cervical epidural steroid injection at C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy; six (6): 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: The patient presents with right shoulder pain. The current request is for Additional physical therapy, six (6). The treating physician's report dated 09/28/2015 (54B) states, "██████ will benefit from 6 additional sessions of Physical Therapy for her Right Shoulder. Patient has completed 8 sessions so far reporting good benefit. ██████ was able to complete her activities of daily living with less discomfort after physical therapy. Patient was able to engage better on her home exercise program. ██████ reports having fewer flare-ups after she completed physical therapy". ██████ reports that she is able to participate on her family life and recreational activities with less discomfort as a result of her physical therapy. The patient is not post-surgical. No physical therapy reports were provided for review. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, the patient has received 8 physical therapy sessions recently with reports of significant benefit. However, the MTUS Guidelines recommend a total of 10 visits for various myalgias and neuralgias. The patient should now be able to continue her current home exercise program to improve strength and flexibility. The current request is not medically necessary.

Cervical epidural injection (CESI) C7-T1: Upheld

Claims Administrator 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, Neck and Upper Back Chapter, Epidural Steroid Injection (ESI).

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

Decision rationale: The patient presents with right shoulder pain. The current request is for Cervical Epidural Injection (CESI) C7-T1. The treating physician's report dated 09/28/2015 (54B) states, "Patient had a CESI injection in April 2011, which she states she received more than 50% relief for several months. Patient would benefit from a repeat injection." Examination shows restricted range of motion in the cervical spine. Tenderness was noted in the paravertebral muscles and spinous process at the C6 and C7. The patient also reports radiation of pain in the neck, right shoulder, right arm and right elbow. No MRI reports were provided for review. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with

corroborative findings of radiculopathy in an MRI. MTUS also states, "There is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." While the patient's last CESI from 2011 provided 50% relief for several months, MTUS requires corroborative findings of radiculopathy on an MRI scan. Given that the patient does not meet the required criteria based on the MTUS Guidelines for epidural steroid injections, the current request is not medically necessary.