

Case Number:	CM15-0209219		
Date Assigned:	10/28/2015	Date of Injury:	06/08/2010
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 52-year-old female, with a reported date of injury of 06-08-2010. The diagnoses include chronic neck pain, degenerative cervical spondylosis, myofascial pain syndrome, persistent insomnia due to chronic pain, and pain disorder with psychological and general medical condition. The medical report dated 09-08-2015 indicates that the injured worker had chronic neck pain due to degenerative spondylosis of the cervical spine. The pain radiated into the arms, left worse than right. It was noted that the pain appeared to be in the C5-6 dermatomal distribution. The treating physician indicates that the plan is to taper the pain medications at some time when the pain was better controlled. The treating physician stated that the injured worker had been "unresponsive" to conservative treatment. It was noted that there was progression of the pain and neurologic deficit in the C5-6 distribution; decreased brachioradialis deep tendon reflexes in the left arm; and weakness in the right biceps and right deltoid. The objective findings include sensory loss and alteration in the C6 left hand; difficulty lifting and holding up the arms; spasms in both arms, left more than right; and decreased deep tendon reflexes in the left brachioradialis. The injured worker's average pain rating before medications is 9 out of 10, and her average pain rating after medication is 4 out of 10. On 08-04-2015, the injured worker rated her pain 6-10 out of 10. The injured worker has been instructed to remain of work and was deemed permanently disabled. The diagnostic studies to date have included an MRI of the cervical spine on 05-13-2014, which showed severe left foraminal stenosis at C5-6, moderate bilateral uncovertebral hypertrophy and foraminal stenosis at C6-7, and mild foraminal narrowing at C3-4 and C4-5. Treatments and evaluation to date have

included a Methadone, behavioral medicine, epidural steroid injections (effective pain reduction for three months), Oxymorphone, Percocet, Flexeril, and Temazepam. The request for authorization was dated 09-18-2015. The treating physician requested six physical therapy sessions for the cervical spine and left transforaminal epidural steroid injection at C5-6 and C6-7 levels with CT guidance. On 10-05-2015, Utilization Review (UR) non-certified the request for six physical therapy sessions for the cervical spine and left transforaminal epidural steroid injection at C5-6 and C6-7 levels with CT guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at the C5-6 and C6-7 Levels with CT Guidance: 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: Left transforaminal epidural steroid injection at the C5-6 and C6-7 Levels with CT Guidance is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation indicates that the patient has had multiple prior cervical epidural injections. The documentation is not clear that these injections have resulted in 50% relief with associated reduction of medication for 6-8 weeks with functional improvement therefore this request is not medically necessary.

6 PT Visits for The 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: 6 PT visits for the cervical spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT for the neck. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 supervised therapy visits therefore this request is not medically necessary.