

Case Number:	CM15-0221672		
Date Assigned:	11/17/2015	Date of Injury:	02/10/2012
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/11/2015

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: Montana, Oregon, Idaho
 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 49 year old male who sustained an industrial injury 02-10-12. A review of the medical records reveals the injured worker is undergoing treatment for status post slip and fall resulting in head contusion, concussion and loss of consciousness, cervical and lumbar spine pain with cervical radiculopathy, cervical moderate central canal stenosis and mild flattening of the cord, post traumatic headaches, sleeping difficulties, short term memory and concentration difficulties, blurry vision and tinnitus, and history or seizures and status post brain angioma surgery 1979. Medical records (07-13-15) reveal the injured worker complains of "severe" neck pain, low back pain, headaches, blurred vision, and memory loss. The physical exam (07-13-15) reveals muscle spasm in the trapezius, as well as tenderness of the cervical spine, the trapezii and cervical musculature, lumbar paraspinal muscles, and sciatic nerve. Cervical and lumbar range of motion is diminished. Prior treatment includes medications including APAP, Neurontin, Lyrica, Cymbalta, Amitriptyline-Nortriptyline, and Fioricet, as well as a home exercise program, and a cervical spine epidural steroid injection. The original utilization review (10-30-15) non-certified the request for post epidural steroid injection and physical therapy 3 times per week for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Epidural Steroid 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck.

Decision rationale: The CA MTUS ACOEM guidelines, neck and upper back complaints recommends 1-2 physical therapy visits for education, counseling and evaluation of home exercise. The ODG provides specific diagnosis based recommendations for cervical conditions. ODG Physical Therapy Guidelines. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial." Cervicalgia (neck pain); cervical spondylosis (ICD9 723.1; 721.0) indicate: 9 visits over 8 weeks; Brachia neuritis or radiculitis NOS (ICD9 723.4) indicate: 12 visits over 10 weeks. See 722.0 for post-surgical visits. In this case, the location of the injection is not specified. The submitted documentation does not provide objective findings consistent with radiculopathy. In addition, the request exceeds the number of visits recommended by the cited guidelines without supporting justification. Therefore the request is not medically necessary.

Physical Therapy 3 Weeks x 6 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck.

Decision rationale: The CA MTUS ACOEM guidelines, neck and upper back complaints recommends 1-2 physical therapy visits for education, counseling, and evaluation of home exercise. The ODG, provides specific diagnosis based recommendations for cervical conditions. ODG Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial." Cervicalgia (neck pain); cervical spondylosis (ICD9 723.1; 721.0) indicate: 9 visits over 8 weeks; Brachia neuritis or radiculitis NOS (ICD9 723.4) indicate: 12 visits over 10 weeks. See 722.0 for post-surgical visits. In this case the submitted documentation does not provide objective findings consistent with radiculopathy. In addition, the request exceeds the number of visits recommended by the cited guidelines without supporting justification. Therefore the request is not medically necessary.

