

Case Number:	CM15-0033913		
Date Assigned:	02/27/2015	Date of Injury:	01/12/2014
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 30 year old female, who sustained an industrial injury on January 12, 2014. She has reported neck pain and upper back pain. The diagnoses have included chronic cervical spine strain and chronic thoracic spine sprain. Treatment to date has included mends, acupuncture, chiropractic treatment, and physical therapy. A progress note dated September 3, 2014 indicates a chief complaint of continues neck and upper back pain, and tingling of the right hand. The treating physician requested a magnetic resonance imaging of the lumbar spine, cervical spine epidural steroid injection, and physical therapy twice each week for four weeks for the neck and back. On January 29, 2015, Utilization Review certified the request for the magnetic resonance imaging and denied the request for the epidural steroid injection and physical therapy citing the California Medical Treatment Utilization Schedule. On February 23, 2015, the injured worker submitted an application for IMR of a request for a magnetic resonance imaging of the lumbar spine, cervical spine epidural steroid injection, and physical therapy twice each week for four weeks for the neck and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection for right C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 09/03/214 report, this patient presents with "pain in the neck and upper back associated with tingling of the right hand." The current request is for Cervical epidural steroid injection for right C5-6. The request for authorization is not included in the file for review. The patient's work status is "return to either modified work or suitable gainful employment, depending upon outcome of rehabilitation." Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the provided reports does not mention prior epidural steroid injections. In this case, the treating physician documented that the patient has tenderness at the right scapula with negative Spurling's sign. There is no documentation of pain described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. The treating physician does not discuss MRI or other studies that would corroborate the patient's symptoms. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. The current request IS NOT medically necessary.

PT 2 x 4 to neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the 09/03/214 report, this patient presents with "pain in the neck and upper back associated with tingling of the right hand." The current request is for PT 2 x 4 to neck and back. There is no documentation that the patient is in a post-operative time frame regarding physical therapy. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the one available report show no therapy reports and there is no discussion regarding the patient's progress. There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The current request IS NOT medically necessary.