MAXIMUS Federal Services

Case Number:	CM15-0051030		
Date Assigned:	03/24/2015	Date of Injury:	05/18/2013
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/17/2015

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, Pain Management

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 who sustained an industrial injury on 05/18/2013. Current diagnoses include peripheral nerve entrapment syndrome-bilateral upper extremities, left elbow fracture, cervical disc degeneration with spinal stenosis, cervical sprain, left knee medial meniscal tear, right knee medial meniscal tear, lumbar disc herniation, status post laminectomy, discetomy, posterior lumbar interbody fusion and posterolateral fusion, and T7-T8 minimal disc herniation. Previous treatments included medication management, lumbar surgery, and physical therapy. Previous diagnostic studies included EMG/NCV study.Report dated 11/18/2014 noted that the injured worker presented with complaints that included continued neck pain with radicular symptoms, low back pain bilaterally with radiation to both legs, and ongoing bilateral knee pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included NCV/EMG of the lower extremities done today, full report to follow. Disputed treatments includes cervical epidural steroid injection C5-C6 and additional physical therapy (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Injection at C5-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy, normal sensation is noted in C2-T1 dermatomes. A cervical MRI on 7/29/2014 demonstrated degenerative changes at C5-C7 with mild flattening of spinal cord at C5-6, but no nerve root compression. A recent EMG nerve conduction study does not support the diagnosis of radiculopathy. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.

6 Additional Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy sessions, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.