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| Case Number: | CM14-0110854 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 04/28/2008 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 55-year-old individual was reportedly injured on April 28, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 31, 2014, indicated that there were ongoing complaints of increasing neck pain. The physical examination demonstrated tenderness to palpation, palpable myofascial spasms, decreased range of motion and weakness to elbow flexion (4/5). Sensation was intact and deep tendon reflexes were 2+/4. Diagnostic imaging studies were not referenced in this note. Previous treatment included electrodiagnostic testing, physical therapy, multiple medications, and other pain management interventions. A request had been made for an epidural steroid injection with additional physical therapy and was not certified in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 Interlaminar Epidural Steroid Injection under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As outlined in the MTUS, epidural steroid injections are recommended as an option for radicular pain when there is objective occasion of a verifiable radiculopathy documented on physical examination and corroborated by electrodiagnostic studies. Electrodiagnostic studies, reviewed, indicated there is no evidence of a radiculopathy. As such, the request is not medically necessary.

Physical Therapy 1-2 Times per Week for 6 Weeks, Cervical Spine Total of 12 Sessions:
Upheld

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

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of 8-10 visits over 4 weeks. The current request for #12 physical therapy visits exceeds the amount supported by the chronic pain treatment guidelines. As such, this request is not considered medically necessary.