

Case Number:	CM14-0116336		
Date Assigned:	09/19/2014	Date of Injury:	11/07/2013
Decision Date:	10/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 54-year-old female with an 11/7/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/27/14, the patient's cervical epidural injections have been authorized. She stated that she feels better and has been doing home exercises. She had pain clearly along the C5-6 and C6-7 areas. The provider stated that he recommended physical therapy. If the patient's symptoms continued, a request for a repeat injection will be made. Cervical epidural injections were scheduled for 6/4/14. An MRI report dated 1/16/14 revealed: At C5-C6, moderate disc narrowing with 2-3mm posterior disc bulge and moderate to severe bilateral neural foraminal narrowing due to facet hypertrophy. At C6-C7, moderate disc narrowing with 2-3mm posterior disc/osteophyte complex, causing mild thecal sac narrowing and moderate bilateral neural foraminal narrowing. Objective findings: spinal examination showed pain with extension and rotation, irritability of the lumbar spine, decreased sensation in the C6 nerve root distribution, most significantly in the right shoulder. Diagnostic impression: disc degeneration cervical spine, cervical radiculopathy. Treatment to date: medication management, activity modification, epidural injections, physical therapy. A UR decision dated 7/8/14 denied the request for cervical epidural injections at C5-6, C6-7 and physical therapy 2x4 for the cervical spine. The previous injection was not noted to have provided at least 50% benefit for 6 to 8 weeks. Regarding physical therapy, there was no sustained benefit from previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Epidural Injections C5-6, C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

Decision rationale: CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. It is noted that the patient has a cervical epidural injection scheduled for 6/4/14. However, there was no documentation of pain improvement following the procedure. There is no documentation of a decrease in the patient's medication use. Therefore, the request for Bilateral Cervical Epidural Injections C5-6, C6-7 is not medically necessary.

Physical Therapy 2x4 for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is noted that the patient has had physical therapy in the past. It is unclear how many sessions she has had previously. Guidelines support up to 10 visits over 8 weeks for cervical sprains and strains. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical Therapy 2x4 for the cervical spine is not medically necessary.

