MAXIMUS Federal Services

Case Number:	CM14-0097547		
Date Assigned:	07/23/2014	Date of Injury:	04/23/2010
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 53-year-old male with a 4/23/10 date of injury. The patient was working as a houseman at a hotel and when cleaning the rooms and patios, he climbed over a block wall, approximately 4.5 feet high, and lost his balance and fell backwards, on to his right upper extremity. On 5/29/14, the patient complained of headaches, and constant neck pain. He has pain in his neck, extending to his right shoulder, down to bilateral feet. He describes the pain as burning, aching, and "pins and needles". He has limited ROM. He has 6/10 pain at rest, which increases to 8/10. Objective exam shows no tenderness to palpation in the right paracervical musculature. There is tenderness in the right trapezius. He has decreased sensation over the right C5, C6, C7, and C8 dermatome. He has decreased cervical ROM and 4/5 right elbow extension. The remainder of the motor exam was normal. Symmetric reflexes. Diagnostic Impression: C3-6 disc degeneration with mild central canal stenosis, right shoulder impingement syndrome. Treatment to date: medication management, elbow brace, activity modification, chiropractic care, sleep study, right shoulder cortisone injection on 5/29/14. A UR decision dated 6/9/14 denied the request for physical therapy based on the fact that the records did not indicate whether the patient had undergone previous physical therapy. There were no significant deficits documented to support physical therapy for this four-year-old injury. There is no failure of a home exercise program. The Cervical ESI was denied because there was no MRI report provided or electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 8 visits for the cervical spine: Upheld

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

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

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. ODG supports up to 10 to 12 sessions of physical therapy over 8 weeks for degenerative disc disease of the cervical spine. However, this patient is documented to have had physical therapy previously. There is no description of functional improvement or gains in activities of daily living from prior physical therapy sessions. In addition, this patient has a 2010 date of injury, and it is unclear why the patient is not complaint with an independent home exercise program. Therefore, the request for Physiotherapy 8 visits for the Cervical Spine was not medically necessary.

C 5-6 Epidural Steroid Injection: 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 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. However, there is no official cervical MRI report provided for review. The patient is noted to have diffuse paresthesias on subjective exam, extending from his neck, to his shoulder, to bilateral feet. It is unclear how much of the patient's pain is actually originating from the right shoulder, since on the most recent exam, the patient received a cortisone injection to his right shoulder. In addition, he has diffuse decreased sensation on exam, documented in the right C5, C6, C7, and C8 dermatomes. The patient's subjective and objective findings do not corroborate to any specific

disc level. Therefore, the request for C 5-6 Epidural Steroid Injection was not medically necessary.