

Case Number:	CM14-0122789		
Date Assigned:	08/08/2014	Date of Injury:	09/09/1997
Decision Date:	06/25/2015	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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: Massachusetts

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 57 year old male, who sustained an industrial injury on September 9, 1997. He reported neck, upper back and lower back pain. The injured worker was diagnosed as having mild to moderate bilateral cervical radiculopathy, moderate bilateral ulnar neuropathy with nerve entrapment at the elbows, mild right lumbar radiculopathy, gastritis secondary to non-steroidal anti-inflammatories, chronic myofascial pain syndrome of the cervical and thoracolumbar spine and bruxism secondary to chronic pain disorder. Treatment to date has included diagnostic studies, radiographic imaging, trigger point injections, cervical epidural steroid injections, conservative care, orthotic braces, medications and work restrictions. Currently, the injured worker complains of continued neck pain with associated numbness and tingling of the upper extremities, upper back pain, low back pain and associated depression and bruxism. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 17, 2014, revealed continued symptoms as noted. Medications were adjusted and renewed. Evaluation on August 7, 2014, revealed continued pain as noted with associated depression, sleep disruptions and poor concentration. He reported benefit with previous epidural injections and medications however reported severe pain without the use of medications. He reported being unable to perform the activities, he would like to and noted the pain was negatively impacting his personal and social life. An epidural steroid injection of the cervical spine and 12 aquatic therapy sessions were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 epidural steroid injection to the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a history of a work injury occurring in September 1997. He underwent a cervical epidural injection on 12/02/13. When seen on 12/10/13 there had been a greater than 50% improvement after the epidural injection. On 08/07/14, epidural injections are referenced as allowing the claimant to perform activities of daily living, decrease medication use, and resulting in improved sleep. Injections are referenced as providing 50-60% pain relief lasting for 6 - 8 weeks. Physical examination findings included cervical spine tenderness with decreased range of motion. He had decreased upper extremity sensation. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.

12 aquatic therapy visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a history of a work injury occurring in September 1997. He underwent a cervical epidural injection on 12/02/13. When seen on 12/10/13 there had been a greater than 50% improvement after the epidural injection. On 08/07/14, epidural injections are referenced as allowing the claimant to perform activities of daily living, decrease medication use, and resulting in improved sleep. Injections are referenced as providing 50-60% pain relief lasting for 6 - 8 weeks. Physical examination findings included cervical spine tenderness with decreased range of motion. He had decreased upper extremity sensation. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, there is no identified co-morbid condition that would indicate the need for aquatic therapy. Additionally, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. The number of visits requested is in excess of that recommended or what would be

needed to establish or revise a home exercise program. The request is not medically necessary.