

Case Number:	CM14-0191609		
Date Assigned:	11/25/2014	Date of Injury:	08/15/2013
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, shoulder, hand, finger, wrist, and elbow pain reportedly associated with an industrial injury of August 15, 2013. In a Utilization Review Report dated November 6, 2014, the claims administrator partially approved a request for eight sessions of physical therapy as two sessions of physical therapy while denying a cervical epidural steroid injection. The claims administrator stated that its decision was based on an October 1, 2014 office visit and an October 30, 2014 RFA form. The claims administrator stated that the applicant had alleged multifocal pain complaints secondary to cumulative trauma and had completed 22 sessions of physical therapy to date. The claims administrator stated that it was basing its decision, in part, on the statutory cap of 24 sessions of physical therapy for non-operative conditions. The epidural steroid injection was denied outright. The claims administrator cited July 29, 2014 electrodiagnostic testing demonstrating mild bilateral median nerve compression with no electrodiagnostic evidence of cervical radiculopathy. Also cited was a July 28, 2014 cervical MRI demonstrating multilevel degenerative disk disease, most severe at C6-C7. The claims administrator also cited an October 1, 2014 progress note in which it was suggested that the applicant was having issues with anxiety disorder. The attending provider stated on that date that he suspected that moderate severe cervical disk disease with associated radiculopathy was the primary source of her pain and discomfort, although it was acknowledged that the applicant also had issues with a trigger finger. The applicant's attorney subsequently appealed. On September 3, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, and hand pain. The applicant was reportedly using Mobic and Neurontin and stated that she had weaned herself off of Flexeril, Norco, and Ativan. Triggering was appreciated about the long finger. The applicant's primary pain was about the base of the neck and associated cervical paraspinal musculature, it was stated. Physical therapy for the

cervical spine was sought. It was stated that the applicant was ambivalent about cervical epidural steroid injections. The attending provider also suggested that the applicant could consider a shoulder arthroscopy, although it was stated that the applicant's right shoulder pain had abated some following her corticosteroid injection. On October 1, 2014, the applicant reported ongoing complaints of neck pain. The applicant had a positive Spurling maneuver bilaterally. Mild triggering was appreciated about the long finger. The applicant was anxious and tearful. The attending provider stated that he believed the applicant's moderate severe cervical disk disease was the primary source of her pain and discomfort. The applicant was asked to follow up with psychiatry to get her anxiety disorder stabilized. It was also stated that the applicant should follow up with another physician to get her thyroid disease stabilized. The attending provider stated that he believed the applicant's cervical disk disease with associated radiculopathy were the primary source of her discomfort as opposed to the partial-thickness rotator cuff tear/labral tear and/or the trigger finger. The attending provider stated that the applicant was not making appropriate progress and that appropriate treatment should be undertaken to ensure that the applicant return to gainful function, applying that the applicant was not working. In an RFA form dated October 30, 2014, authorization was sought for eight sessions of physical therapy for the cervical spine and a cervical epidural steroid injection. The remainder of the file was surveyed. There was no evidence that the applicant had had prior cervical epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation 9792.20f

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant has had prior unspecified amounts of physical therapy over the course of the claim. The applicant has failed to respond favorably to the same. The applicant is seemingly off of work. The applicant remains dependent on various and sundry analgesic and adjuvant medications, including Mobic and Neurontin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Cervical Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant apparently has some radiographic corroboration of radiculopathy, the requesting provider has posited, with evidence of multilevel degenerative disk disease, most severe at C6-C7, generating associated neuroforaminal stenosis. Ongoing complaints of neck pain radiating into the arms with positive provocative testing, including a positive Spurling maneuver, were appreciated on the most recent office visit, referenced above. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic epidural blocks. The request in question does represent a first-time epidural steroid injection. A trial epidural injection is indicated, given the failure of other treatments, including time, medications, physical therapy, etc. Therefore, the request is medically necessary.