

Case Number:	CM14-0214247		
Date Assigned:	01/07/2015	Date of Injury:	07/09/2014
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 22-year-old woman with a date of injury of July 9, 2014. The mechanism of injury occurred as the IW was moving a patient from a wheelchair to a gurney. She felt a sharp pain in her neck and shoulders. The injured worker's working diagnoses are cervical muscle strain with bulging discs; and right shoulder muscle strain. Pursuant to the progress note dated November 18, 2014, the IW presents for a follow-up regarding her neck pain and right shoulder pain. There are no subjective complaints documented. In the October 7, 2014 progress note, the IW reports her shoulder is fine, but neck is still hurting a lot. She complains of numbness in her right arm. The physical examination findings in the November 18, 2014 note reveals decreased range of motion to 10-15 degrees with pain. There are trigger is the right trapezius. Spurling's is positive. The documentation in the medical record indicates the IW received physical therapy on August 7, 2014. On August 14 of 2014, there was a prescription for an additional three physical therapy sessions per week times two weeks. The documentation does not show physical therapy was rendered. An additional request for physical therapy three times per week times three weeks was requested on November 18, 2014. (latest request). There is no documentation those physical therapy sessions were rendered/completed. The documentation does not address the total number of physical therapy sessions, clinical indications/rationale for additional physical therapy sessions. There is no evidence of objective functional improvement associated with prior physical therapy. The current request is for (1) cervical epidural injection at C3-C4, and C6-C7, and 9 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical epidural steroid injection at C3-C4, C6-C7: 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 Official Disability Guidelines (ODG); Neck Section, Epidural Steroid Injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one cervical epidural steroid injection at C3 - C4 and C6 -C7 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The Official Disability Guidelines enumerate criteria for the use of epidural steroid injections. They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; etc. See guidelines for additional details. In this case, the injured worker is a 22-year-old woman with a date of injury July 9, 2014. The injured worker's working diagnoses are cervical muscle strain with bulging discs; and right shoulder muscle strain. Progress notes dated October 14, 2014 and November 18, 2014 do not contain a physical examination were evidence of radiculopathy. MRIs show bulging discs with no evidence of impingement or nerve root compression. There were no electrodiagnostic studies performed. Consequently, absent clinical documentation that meets the criteria for epidural steroid injections, one cervical epidural steroid injection at C3 - C4 and C6 -C7 is not medically necessary.

9 Sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain/Neck Section, physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 9 sessions of physical therapy are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction for negative direction (prior to continuing with physical therapy). When treatment duration and what number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker is a 22-year-old woman with a date of injury July 9, 2014. The injured worker's working diagnoses are cervical muscle strain with bulging discs; and right shoulder muscle strain. The documentation in the medical record indicates the injured worker received physical therapy on August 7, 2014. On August 14 of 2014 was a

prescription for an additional three physical therapy sessions per week times two weeks. The documentation does not show physical therapy was rendered. An additional request for physical therapy three times per week times three weeks was requested on November 18, 2014. (Latest request). There is no documentation those physical therapy sessions were rendered/completed. The documentation does not address the total number of physical therapy sessions, clinical indications/rationale for additional physical therapy sessions. There is no compelling clinical documentation to support ongoing physical therapy according to the guidelines. Consequently, absent compelling clinical documentation to support ongoing physical therapy, evidence of objective functional improvement from prior physical therapy, 9 sessions of physical therapy are not medically necessary.