

Case Number:	CM15-0121135		
Date Assigned:	07/01/2015	Date of Injury:	12/01/2010
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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 44-year-old male, who sustained an industrial injury on 12/1/10. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar degenerative spine disease; lumbar disc protrusions; foraminal stenosis lumbar; facet degeneration lumbar. Treatment to date has included status post lumbar artificial disc placement L3-4 and L4-5 (no date); lumbar epidural steroid injection (10/2011); status post cervical C5-C6 artificial disc replacement and osteophyectomy (3/19/15); medications. Diagnostic studies included CT scan Lumbar spine (12/10/14); MRI cervical spine (12/10/14); x-rays cervical spine (5/11/15). Currently, the PR-2 notes dated 5/13/15 indicated the injured worker has no neck pain and when he drives a lot, he might get a little aching. His arm pains and numbness are resolved and he has been taking Advil since a few days after surgery. The injured worker is a status post cervical C5- C6 artificial disc replacement and osteophyectomy of 3/19/15. His x-rays dated 5/11/15 show well placed disc with good motion. The provider documents the injured worker is doing well and great range of motion and recovered neurologically. The provider's treatment plan included 24 sessions of physical therapy for the cervical spine and one selective nerve block at the bilateral L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Sessions of physical therapy for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant sustained a work injury in December 2010 and continues to be treated for neck and low back pain. When seen, he had undergone a cervical disc replacement in March 2013. He was no longer having neck pain. There had been a resolution of arm pain and numbness. Imaging results showed expected postoperative findings. A normal strength and sensory examination is documented. He was referred for physical therapy and authorization for bilateral lumbar transforaminal epidural steroid injections was requested. Guidelines recommend up to 16 visits over 8 weeks after the cervical spine surgery that was performed, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the number of treatments being requested is in excess of that recommendation and the claimant is not having neck pain or evidence of residual neurological deficits. The request is not medically necessary.

1 Selective nerve block at bilateral L5-S1: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant sustained a work injury in December 2010 and continues to be treated for neck and low back pain. When seen, he had undergone a cervical disc replacement in March 2013. He was no longer having neck pain. There had been a resolution of arm pain and numbness. Imaging results showed expected postoperative findings. A normal strength and sensory examination is documented. He was referred for physical therapy and authorization for bilateral lumbar transforaminal selective nerve blocks was requested. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electro diagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy. The requested transforaminal injection would not be considered as a selective nerve block. The request was not medically necessary.