

Case Number:	CM15-0121530		
Date Assigned:	07/02/2015	Date of Injury:	03/27/2013
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old female who sustained an industrial injury on 3/27/13. Diagnoses are multilevel cervical disc protrusion, cervical spondylosis and facet arthritis, lumbar disc protrusion, lumbar spondylosis and facet arthritis, cervical and lumbar myofascial spasms, and status post left elbow arthroscopy, synovectomy and debridement of posterior fat pad with open radial head resection of anconeus with rotational myoplasty-1/9/14. MRI of the lumbar spine dated 7/24/13 reveals mild left facet arthropathy at L4-5, mild right facet arthropathy causing mild right neuroforaminal stenosis, moderate to severe left facet arthropathy, four millimeter hypertrophic change of the facet joint causing severe stenosis of the left lateral recess with nerve root sleeve effacement with encroachment on the left S1 nerve root, and mild neuroforaminal stenosis at L5-S1. MRI of the cervical spine done 7/24/13 reveals a two millimeter disc bulge with mild central canal stenosis at C6-7 and one millimeter disc bulges at C5-C6 and C7-T1. An MRI of the cervical spine done 3/26/15 shows findings are not significantly changed compared to the 7/24/13 MRI. In a progress report dated 4/2/15, a treating physician notes complaints of increasing frequency of ongoing neck and spine pain, increased stiffness, depression and anxiety. Exam notes tenderness to palpation with spasm of the cervical spine. Tenderness to palpation of the lumbar spine, positive straight leg raise, and slow gait. Work status is total temporary disability. Some of the hand written notes are illegible. In a progress report dated 10/1/14, a treating physician notes the injured worker had chronic neck and lower back pain. She feels it daily, but has noticed some improvement with physical therapy and acupuncture. She does still experience intermittent radiating pain, numbness and tingling down the extremities. Physical exam notes palpable cervical and lumbar myofascial

spasms. Cervical range of motion is limited with lateral rotation and flexion. She has positive facet loading in the lumbar spine. She has diminished bilateral achilles deep tendon reflexes at 2/4. The patellar tendons are 2+/4. She utilizes a transcutaneous electrical stimulation unit, topical creams, physical therapy, acupuncture and a home exercise program. The requested treatment is physical therapy 1-2 times weekly for the cervical and lumbar spine, quantity 12, MRI of the lumbar spine without contrast, and a C7-T1 interlaminar epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times weekly for the cervical and the lumbar spine QTY: 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. In this case, the claimant had undergone an unknown amount of therapy. There was no indication that additional therapy cannot be performed at home. The amount of sessions requested exceeds the amount recommended by the guidelines. As a result, the request for 12 sessions of physical therapy is not medically necessary.

MRI of the lumbar spine without contrast QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: In this case, a summary note on 2/2/15 indicated the claimant had undergone a prior MRI -unknown date- which indicate S1 radiculopathy. According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses

not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for another MRI of the lumbar spine is not medically necessary.

C7-T1 interlaminar epidural steroid injection under fluoroscopic guidance QTY: 1.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the progress note on 4/2/15 indicated more local cervical muscular pain and spasms rather than radicular findings. The MIR of the cervical spine does not mention nerve encroachment. In addition, ESIs offer short term benefit and are not recommended by the ACOEM guidelines. As a result, the request above for cervical ESI is not medically necessary.