

Case Number:	CM15-0125947		
Date Assigned:	07/10/2015	Date of Injury:	06/27/2001
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: California

Certification(s)/Specialty: Emergency 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 is a 53-year-old male, who sustained an industrial injury on 6/27/01. Initial complaints were not reviewed. The injured worker was diagnosed as having brachial neuritis or radiculitis NOS; protrusion 3mm C2-3 and C6-7 with radiculopathy; bilateral foraminal narrowing C2-3, C4-5, C5-6; facet osteoarthropathy C2-3, C4-5, C5-6; lumbar spondylosis; lumbar radiculopathy; cervicogenic headache. Treatment to date has included physical therapy; TENS unit; back brace; right wrist brace; medications. Currently, the PR-2 notes dated 1/16/15 indicated the injured worker complains of right upper and lower extremity symptoms rated at 6/10 for the cervical and low back pain. The injured worker reports medications enable greater function and activity level and a significant decrease in pain with medications on board. Medications are listed as Tramadol ER 300mg/day and Cyclobenzaprine 7.5mg three times daily. The provider notes in his treatment plan that recommended medication refill along with hydrocodone 10/325mg #60 one twice a day and additional physical therapy will emphasize active therapy. The provider recalls the most recent epidural injection for the lumbar spine facilitated 70% diminution of pain for 4 longer than 6 weeks with improved range of motion and improved tolerance to a variety of activity. The provider is requesting authorization of lumbar ESI (epidural steroid injection) and physical therapy 12 sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58-59 of 127.

Decision rationale: The patient is a 53-year-old male who sustained an injury in June of 2001. He has been diagnosed with cervical and lumbar disease and brachial radiculopathy. The request is for physical therapy to aid in pain relief. The MTUS guidelines state that active at home therapy instead of passive manipulation yields better clinical outcomes and at this point, with an injury sustained greater than 14 years ago, the patient would benefit most from self home directed therapy. As such, the request is not medically necessary.

Lumbar ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46 of 127.

Decision rationale: The request is for a lumbar ESI to aid in pain relief for lumbar radiculopathy. There is an addendum from the provider which states that there was a 70% reduction in pain for longer than 6 weeks with improved range of motion. There is no documentation of the lumbar levels which the patient will be treating. Also, the MTUS guidelines requires documentation of a reduction in pain medication usage for 6-8 weeks after previous ESI which is not seen in the records. As such, the request is not medically necessary."1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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."

