

Case Number:	CM15-0126528		
Date Assigned:	07/13/2015	Date of Injury:	02/12/2014
Decision Date:	08/06/2015	UR Denial Date:	06/24/2015
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: 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 50 year old male who sustained an industrial injury on 2/12/14. Diagnoses are right wrist triangular fibrocartilage complex tear, ligament tears, ulnar positive variance, status post open reduction internal fixation with contracture right shoulder, left shoulder compensatory strain, tennis elbow- right, cervical strain, multilevel disc herniation and degenerative disc disease of the cervical spine, radiculitis right upper extremity, low back pain with degenerative disc disease with osteophytes, right knee medial and lateral meniscus tears, right heel pain, and headaches, stress/anxiety/psych. In a progress report dated 4/17/15, a treating physician notes he has cervical radicular pain as well as compensatory left shoulder pain and left knee pain as well as left wrist pain. He reports pain as 7/10 and is described as dull, intermittent, sharp, stabbing, and radiating from his neck into the bilateral arms with associated numbness and tingling. He notes improvement with aqua therapy, massage, and acupuncture. He has attended at least 11 physical therapy visits. He did have improvement with Gabapentin but he became dizzy, so has a prescription for Lyrica now. Current medications are Diclofenec and Cyclobenzaprine. Sleep is poor because of pain. He also gets associated headaches with his neck pain. He reports continued anxiety and depression as a result of living in chronic pain and has been referred for psychotherapy. Physical exam notes sensory is decreased to pinprick in the upper extremity in the ulnar distribution and radial distribution compared to the left. Cervical flexion is decreased to 20 degrees, extension has less than 5 degrees. He is able to abduct his right arm to approximately 110 degrees before having pain and on the left arm to approximately 100 degrees before it is painful. There is tenderness to palpation along the spinous musculature bilaterally at C4,C5, and C6 with radiation down the right arm and paraspinal musculature bilaterally at C4, C5, and C6. In a progress report dated 3/13/15, the treating physician notes that

for the past 3 to 4 months, the injured worker has required home care secondary to his inability to care for himself secondary to right shoulder and arm injury. His wife was needed to care for him. Work status is temporary total disability. The requested treatment is cervical epidural steroid injection C7-T1 (thoracic), functional capacity evaluation, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C7-T1 (thoracic): Upheld

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

MAXIMUS guideline: Decision based on MTUS 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 claimant had a prior MRI in July 2014, which did not show nerve root involvement on C7-T1. In addition, current exam findings do not indicate radiculopathy on C7-T1 but rather peripheral symptoms. The request for the ESI is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Functional Evaluation Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints, Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Office Visits Page(s): 92-93.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the request for the follow-up visit and indication for intervention were not substantiated. The claimant has chronic pain without justification for how a follow-up will change this condition. As a result, the request for follow-up is not medically necessary.