

Case Number:	CM15-0142440		
Date Assigned:	08/03/2015	Date of Injury:	02/16/2010
Decision Date:	10/19/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has a filed claim for chronic neck pain reportedly associated with an industrial injury of February 16, 2014. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for an epidural steroid injection with associated fluoroscopic guidance. A June 22, 2015 order form was cited in the determination. The claims administrator also reportedly failed to approve myofascial release therapy. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant reported ongoing complaints of neck pain with attendant complaints of radiating arm pain. The applicant was described as having had "marginal success" with epidural steroid injections in the past. The applicant stated that she was frustrated with her slow progress. A positive Spurling maneuver with 4 to 4+/5 right upper extremity was appreciated. The claimant apparently had a left paracentral disk osteophyte complex of 5-6 mm with associated severe right lateral recess stenosis at the C5-C6 level. The applicant had an electrodiagnostically confirmed C7-C8 radiculopathy, the treating provider suggested. Cervical epidural steroid injections were endorsed. The claimant's work status was not furnished. The attending provider stated, somewhat incongruously, the claimant had benefited from an earlier epidural steroid injection. The claimant's medications list was not seemingly detailed on this date. On June 3, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain radiating to bilateral upper extremities. The claimant was using Norco for pain relief. The attending provider acknowledged that the claimant has had "marginal success" with previous cervical epidural steroid injections. The claimant was asked to

consider cervical discectomy-fusion procedure. On June 22, 2015, it was acknowledged that the claimant was not working. The claimant was using Diclofenac, Neurontin, Norco, and Soma, it was reported. Cervical epidural steroid injection was sought, along with myofascial release therapy. The claimant received trigger injections in the clinic setting. The attending provider contended that the claimant had not received previous myofascial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C5-6 and C6-7 epidural steroid injections under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a cervical epidural steroid injection under fluoroscopic guidance was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was placed off of work, on total temporary disability, as of June 3, 2015. The applicant was described as having had "marginal success" with previous epidural steroid injections on that date and on an earlier note of April 22, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Norco, Neurontin, and Soma, it was reported on June 22, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior cervical epidural steroid injection(s). Therefore, the request for a repeat cervical epidural steroid injection was not medically necessary.

Myofascial release therapy 3 times a week for 4 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Physical Medicine.

Decision rationale: Similarly, the request for myofascial release therapy (AKA massage therapy), 12 sessions, was not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, thus, the request for 12 sessions of message therapy represents treatment well in excess of the four-to-six-session course suggested on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for massage therapy (AKA myofascial release therapy) and, moreover, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ passive modalities such as myofascial release (AKA massage) "sparingly" during the chronic pain phase of treatment. Therefore, the request was not medically necessary.

