

Case Number:	CM15-0176872		
Date Assigned:	09/28/2015	Date of Injury:	08/15/2010
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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 female who sustained an industrial injury 08-15-10. A review of the medical records reveals the injured worker is undergoing treatment for status post lumbar fusion, left shoulder superior labral anterior posterior tear with impingement, right shoulder partial rotator cuff tear, and extruded disc C6-7 per MRI. Medical records (07-22-15) reveal the injured worker complains of neck pain, frequent headaches, bilateral radiating arm pain and numbness, bilateral shoulder and hand pain, chronic pain syndrome, probable depression, bilateral ulnar neuropathy at the elbows, and possible reflex sympathetic dystrophy or chronic regional pain syndrome right upper extremity. The pain is not rated. The physical exam (07-22-15) reveals limited cervical range of motion rated at 75% of normal, no spasms of the paracervical muscles, and intact light touch sensation in both upper extremities. Prior treatment includes 3 cervical epidural steroid injections, lumbar fusion, and medications. The treating provider reports that a MRI of the cervical spine and bilateral shoulders was performed, but there is no discussion of the findings. The original utilization review (08-19-15) non certified the request for facet injection to the cervical spine and 12 physical therapy sessions to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injections for the Cervical Spine as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

Decision rationale: The claimant sustained a work injury in August 2010 while working as a registered nurse. Treatments included three epidural injections and bilateral shoulder injections and she was able to return to work in December 2010. She had a second injury in March 2012. She had a multilevel lumbar fusion. When seen, she was having constant neck pain and bilateral radiating arm pain with numbness. Physical examination findings included bilateral trapezius muscle tenderness. There was decreased and painful cervical spine range of motion. There was a normal upper extremity neurological examination. Authorization for 12 sessions of physical therapy and repeat cervical facet injections was requested. She had undergone facet injections in 2012 with a reported favorable response. Guidelines recommend against therapeutic cervical facet injections. However, if used they should be limited to patients with cervical pain that is non-radicular. In this case, the claimant has radicular pain. Her response to the prior facet injections done in 2012 is not adequately documented. The number of levels is not specified. The request is not medically necessary.

12 Physical Therapy, Two Times a Week for Six Weeks for the Right Shoulder as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2010 while working as a registered nurse. Treatments included three epidural injections and bilateral shoulder injections and she was able to return to work in December 2010. She had a second injury in March 2012. She had a multilevel lumbar fusion. When seen, she was having constant neck pain and bilateral radiating arm pain with numbness. Physical examination findings included bilateral trapezius muscle tenderness. There was decreased and painful cervical spine range of motion. There was a normal upper extremity neurological examination. Authorization for 12 sessions of physical therapy and repeat cervical facet injections was requested. She had undergone facet injections in 2012 with a reported favorable response. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.