

Case Number:	CM15-0030329		
Date Assigned:	02/24/2015	Date of Injury:	04/01/2008
Decision Date:	06/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York
 Certification(s)/Specialty: Internal 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 69 year old male, who sustained an industrial injury on 04/01/2008. He has reported subsequent neck pain and was diagnosed with cervical radiculopathy. Treatment to date has included oral pain medication, physical therapy and acupuncture. In a progress note dated 01/20/2015, the injured worker complained of continued 6/10 neck pain radiating down the right arm. Objective physical examination findings were notable for decreased cervical range of motion and tenderness to palpation along the cervical spinous process at C5-C6 with radiation down the right arm. The physician noted that acupuncture and physical therapy, a pain management visit and intralaminar epidural steroid injection along with refills of Gabapentin were being requested to treat cervical radicular pain and that referral to psychotherapy was being made due to chronic pain. On 02/10/2015, Utilization Review non-certified requests for cervical epidural steroid injection of C7-T1, 3 psychotherapy sessions, 8 sessions of acupuncture, Gabapentin and pain management visit, noting that there was no documentation of the failure of conservative treatment to support epidural steroid injection, there was no evidence of psychological symptoms to support psychotherapy sessions, there was no documentation as to whether the injured worker had previously attended acupuncture sessions to support the acupuncture request, there was no objective evidence of functional benefit from Gabapentin and there were no red flags to support the pain management visit. Utilization Review partially certified a request for 6 visits of physical therapy for the cervical spine. MTUS, ACOEM and ODG guidelines were cited.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. The injured worker complains of chronic radicular neck pain. Documentation show objective findings of radiculopathy on physical examination, however, MRI report does not indicate corroborating significant disc bulge or neural stenosis at the spinal level being treated. The request for epidural steroid injection is not medically necessary by MTUS.

Psychotherapy QTY: 3.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological Treatment.

Decision rationale: Per guidelines, the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended for patients who show no progress after 4 weeks of physical medicine alone. ODG recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made as indicated by evidence of objective functional improvement. The injured worker complains of chronic radicular neck and is reported to have successfully weaned on Opioids. Physician reports show the recommendation of Psychotherapy for cognitive behavioral therapy in coping with the chronic pain. Per guidelines, the request for Psychotherapy QTY: 3.00 to reinforce coping skills in the treatment of pain is medically necessary.

Acupuncture QTY:6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Per MTUS, Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. MTUS does not recommend acupuncture for the treatment of neck pain. The request for Acupuncture QTY:6.00 is not medically necessary.

Physical therapy QTY:6.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

Decision rationale: MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of neck sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care, with a fading of treatment frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. The injured worker complains of radicular neck pain with no significant improvement in pain or function. At the time outpatient physical therapy was prescribed, there was no indication of previous physical therapy or outcome of such treatment. The request for outpatient physical therapy is reasonable and appropriate. Per guidelines, the request for Physical therapy QTY:6.00 is medically necessary.

Gabapentin 300mg QTY: 210 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complains of chronic radicular neck pain. Documentation fails to show significant improvement in pain or function to support the medical

necessity for continued use of Gabapentin. The request for Gabapentin 300mg QTY: 210 with 3 refills is not medically necessary by MTUS.

Pain management in 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30 - 33, 49.

Decision rationale: Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, including physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. Per MTUS guidelines, Outpatient pain rehabilitation programs may be recommended if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, if the patient has a significant loss of ability to function independently resulting from the chronic pain and if the patient is not a candidate where surgery or other treatments would clearly be warranted. The injured worker complains of chronic radicular neck pain and is reported to have weaned off Opioid medications. Documentation fails to show a significant loss of ability to function and there is no evidence to support that all other treatment modalities have been recommended and deemed unsuccessful. In the absence of treatment failure and significant loss of function, MTUS guidelines for Pain Management is not met. The request Pain management in 1 month is not medically necessary.