

Case Number:	CM15-0068998		
Date Assigned:	04/16/2015	Date of Injury:	06/26/2012
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/12/2015

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, West Virginia, Pennsylvania
 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 54 year old female, who sustained an industrial injury on June 26, 2012. The injured worker has been treated for neck, low back, right shoulder, right wrist and right hand complaints. The diagnoses have included cervicalgia, pain in joint of the hand, rotator cuff syndrome, brachial neuritis/radiculitis, carpal tunnel syndrome, cervical sprain/strain, shoulder sprain/strain, wrist sprain/strain, right shoulder partial-thickness intrasubstance tear and cervical radiculopathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, chiropractic treatments, right carpal tunnel release and right shoulder surgery. Current documentation dated January 14, 2015 notes that the injured worker reported neck, low back, right shoulder, right wrist and right hand pain. Physical examination of the cervical spine revealed tenderness, bilateral trigger points and a painful and decreased range of motion. Spurling's test was positive. Radicular symptoms were noted in the bilateral upper extremities, greater in the right arm. The treating physician's plan of care included a request for a cervical epidural steroid injection with facet injection to cervical five-cervical six, post-operative physical therapy to the cervical spine and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical ESI with facet injection at C5-C6 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 48 and 174, 181, respectively.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: Guidelines state that cervical epidural steroid injections are of uncertain benefit and should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. In this case, although there is evidence of an acute right C5-6 radiculopathy, the records provided do not document objective physical examination findings of a focal neurologic deficit to support an epidural steroid injection procedure. The request for cervical ESI with facet injections is not medically appropriate and necessary.

Post-operative physical therapy for the cervical spine, three times weekly for three weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: Post operative physical therapy may be indicated after a surgical procedure has been performed. In this case, the requested injection procedure is not indicated at this time. The request for post operative physical therapy 3 times per week for 3 weeks to the cervical spine is not medically appropriate and necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines recommend drug testing as an option using a urine drug screen to assess for the use of illegal drugs or compliance with prescribed medications. The records do not establish any indicators for a potential abuse/adverse behavior or prior inconsistent drug screen result to support this request. The request for UA is not medically appropriate and necessary.