

Case Number:	CM15-0078259		
Date Assigned:	04/29/2015	Date of Injury:	07/01/2014
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male injured worker suffered an industrial injury on 07/01/2014. The diagnoses included chronic cervical strain, rule out possible cervical spondylosis, right shoulder strain with mild impingement, lumbar sprain, rule out herniated disc and left lower extremity radiculopathy. The diagnostics included electromyographic studies, lumbar x-rays, cervical and lumbar magnetic resonance imaging, and neurological evaluation. The treatments included medications. The treatment plan included physical therapy and cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on the 09/03/14 progress report provided by treating physician, the patient presents with pain to coccyx, low back, and radiating symptoms into hips bilaterally and left leg. The request is for 12 sessions of physical therapy for the lumbar spine. RFA no provided. Patient's diagnosis on 09/03/14 included lumbar degenerative disc disease with radiculopathy, and coccydynia. Patient medications include Norco, Lisinopril, Flexeril and Ibuprofen. Patient is temporarily totally disabled and remains off-work, per 03/06/15 progress report. Treatment reports were provided from 09/03/14 - 02/19/15. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. UR letter dated 03/24/15 states "the claimant has already had the recommended amount of physical therapy..." There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

Cervical epidural steroid injection with sedation at C5-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Based on the 09/03/14 progress report provided by treating physician, the patient presents with pain to right shoulder radiating into her right upper arm, with numbness and weakness. Per 01/19/15 report, patient has right radicular pain and headaches. The request is for cervical epidural steroid injection with sedation at C5-7. RFA no provided. Patient's diagnosis on 03/06/15 included radiculopathy. Physical examination on 09/03/14 revealed positive Neer's and Impingement sign on the right. MRI of the Cervical Spine on 02/14/15 revealed "At C5-6, there is mild central canal stenosis with moderate bilateral foraminal narrowing; at C6-7, there is prominent Type 1 degenerative endplate change with moderate to severe left foraminal narrowing secondary to uncovertebral and facet degeneration. The neural foramen is moderately narrowed." Patient medications include Norco, Lisinopril, Flexeril and Ibuprofen. Patient is temporarily totally disabled and remains off-work, per 03/06/15 progress report. Treatment reports were provided from 09/03/14 - 02/19/15. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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 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." Treater has not provided reason for the request. The patient presents with radicular symptoms to right upper extremity, and treater has provided cervical MRI. However, there are no physical examination findings

pertaining to the cervical spine in provided medical records. Treater states patient has a diagnosis of radiculopathy, but has not documented neuropathy to the cervical spine. MTUS states on p46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." ESI would not be indicated without a clear diagnosis of radiculopathy. Furthermore, treater has not indicated sides to be injected. This request is not in accordance with guideline criteria. Therefore, the request is not medically necessary.