

Case Number:	CM15-0078919		
Date Assigned:	04/30/2015	Date of Injury:	11/18/2003
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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:

This 67-year-old female sustained an industrial injury to the neck and low back on 11/18/03. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, epidural steroid injections, transcutaneous electrical nerve stimulator unit, massage, psychiatric care and medications. The injured worker reported 75 % reduction in neck and right upper extremity pain that lasted for eight weeks following previous cervical epidural steroid injection. In a PR-2 dated 3/12/15, the injured worker complained of an increase in neck pain and constant headaches, rated 7-8/10 on the visual analog scale. The injured worker admitted to increased stress and depression. The injured worker reported being unable to do yoga or work on arthroplasty due to pain. Current diagnoses included chronic neck pain with cervical spine radiculopathy, history of cervical fusion, cervicogenic headaches, chronic low back pain, lumbar herniated disc, and lumbar spine radiculopathy. The injured worker received a Toradol injection during the office visit. The treatment plan included increasing Avinza temporarily with a plan to taper down if pain subsided with cervical epidural steroid injections and or physical therapy, continuing Zomig, requesting authorization for epidural steroid injection and 30 sessions of physical therapy, following up with a neurologist, pain management and psychiatry and considering functional restoration program if surgery was not an option.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 physical therapy visits: 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.

Decision rationale: Guidelines recommend 8-10 physical therapy visits over 8 weeks for the treatment of neuralgia, neuritis and radiculitis and that physical therapy should be transitioned to an independent home based exercise program. In this case, the patient has experienced an acute exacerbation of neck pain and a short course of physical therapy is appropriate. The request for 30 physical therapy sessions is not medically appropriate and necessary.

1 cervical epidural steroid injection: Upheld

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

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

Decision rationale: Guidelines recommend epidural steroid injections in cases of documented radiculopathy unresponsive to conservative care. In this case, the patient has an exacerbation of neck pain but is currently undergoing physical therapy, guidelines do not support ESI in the absence of failure of conservative care, and the exam does not indicate a radiculopathy. The request for cervical epidural steroid injection is not medically appropriate and necessary.