

Case Number:	CM15-0099021		
Date Assigned:	06/01/2015	Date of Injury:	11/12/2007
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on November 12, 2007. She reported hearing a snap when she got back into an upright position while moving plants. The injured worker was diagnosed as having L4-L5 disc bulge with right L5 radicular pain and weakness, C5-C6 disc protrusion with right C6 radicular pain and increasing weakness, right occipital neuralgia with frequent headaches, moderately severer reactive depression on Cymbalta, probable sleep apnea requiring evaluation and treatment, and status post left shoulder rotator cuff repair. Treatment to date has included rotator cuff repair, TENS, physical therapy, epidural injections, and medication. Currently, the injured worker complains of back, right leg and neck pain with right arm numbness and tingling. The Treating Physician's report dated April 27, 2015, noted the injured worker reported her neck pain slightly better. Physical examination was noted to show cervical range of motion (ROM) causing pain, with right greater than left trigger point pain was initiated with palpation and positive muscle twitch and radicular symptoms into the right arm. Straight leg raise was positive bilaterally. The treatment plan was noted to include twelve sessions of therapeutic evaluation with a psychiatrist, a sleep study to evaluate for sleep apnea, eight sessions of functionally-oriented physical therapy, cervical right epidural steroid injection (ESI), approval of Amitiza to treat constipation, and six sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic evaluation and 12 sessions with psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Mental Illness & Stress, updated on 03/25/15, Psychotherapy for depression and Cognitive therapy for depression.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 455.

Decision rationale: Per MTUS guidelines, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Per available documentation, the necessity of this request has been established. The request for therapeutic evaluation and 12 sessions with psychiatrist is determined to be medically necessary.

Functionally-oriented therapy quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Harris J. Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 298-299, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Neck and Upper Back Chapter, (Acute & Chronic), last updated on 11/18/14, Physical therapy.

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

Decision rationale: The functionally-oriented therapy is a request for physical therapy of the neck and low back. The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise

program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has participated in physical therapy in the past but the number of sessions completed is unclear. There is no documentation of the efficacy of these sessions. The request for functionally-oriented therapy quantity: 8 sessions is determined to not be medically necessary.

Right cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) No more than 2 ESI injections. Although physical exam by the requesting provider does document radiculopathy and the injured worker has had inadequate response to conservative treatment, cervical radiculopathy is not corroborated by imaging studies and/or electrodiagnostic testing. The criteria for the use of epidural steroid injections is therefore not met as outlined in the cited guidelines. The request for cervical spine epidural steroid injection in the C5-C6 level is determined to not be medically necessary.