

<b>Case Number:</b>	CM13-0040133		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female with date of injury on 11/16/2011. The progress report dated 11/18/2013 by [REDACTED] indicates that the patient's diagnoses include: chronic cervicalgia, cervical DDD, per MRI and x-ray, chronic low back pain; bilateral sciatic pain, lumbar DDD per MRI, chronic left knee internal derangement, left hand pain, as yet of unknown etiology, incidental findings suggestive of left cubital and carpal tunnel syndrome with negative electrodiagnostic studies, relevant history of prior lumbar injury of 2008 and hypertension. The patient continues to present with chronic pain of her neck, low back, left hand, left knee, with radicular symptoms to her lower extremities and her left upper extremity. The exam findings of the cervical spine indicated patient had reduced range of motion without any tenderness noted on palpation. The neurological exam indicated 2+ reflexes in the upper and lower extremities bilaterally. The motor exam indicated 4+/5 interosseous testing in the left hand. Otherwise, motor testing in the upper and lower extremities was 5/5 in all major muscle groups. The sensation to light touch and proprioception was grossly intact in the upper and lower extremities. A request was made for 8 sessions of physical therapy for the patient's left knee. There was also a request for pain management consult as well as a repeat cervical epidural steroid injection at C7-T1. The utilization review letter dated 10/09/2013 issued a non-certification of the request for physical therapy, pain management consultation, and cervical epidural steroid injection at C7-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**eight physical therapy sessions to the left knee:** Upheld

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

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

**Decision rationale:** The patient continues to present with complaints of chronic left knee pain. The review of the records between 08/22/2013 and 11/18/2013 appears to indicate that the treating physician had not performed any physical exam of the left knee. Furthermore, there did not appear to be any discussion regarding the patient's specific complaints of knee pain or limited function by the patient. The provider does not mention results of prior physical therapy for this patient regarding the left knee. The utilization review letter dated 10/09/2013 indicates that the patient had undergone previous physical therapy. The California MTUS page 98 and 99 regarding physical medicine allows for a fading of treatment frequency plus active self-directed home physical medicine. The records submitted for review did not contain any physical therapy notes for review. It is unclear when the last course of physical therapy was performed for this patient. The treating physician does not provide any rationale for the requested therapy. Without a discussion regarding the reasons for therapy, one does not understand the goals of therapy. The recommendation is for denial.

**consult with pain management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The patient continues to present with chronic pain of her neck, low back, left hand, and left knee with radicular symptoms to her lower extremities and her left upper extremity. She rates her pain at 6/10 to 7/10. ACOEM Guidelines page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The request for pain management consultation appears to be reasonable as the patient continues with chronic pain. Therefore, authorization is recommended.

**cervical epidural steroid injection at 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 Section Page(s): 46-47.

**Decision rationale:** The patient continues to present with pain of her neck, left hand, and left knee with radicular symptoms of her lower extremities and her left upper extremity. The treating physician's initial evaluation dated 08/22/2013 indicates the patient had positive EMG findings in 2007 which showed radiculopathy at C7. The records also indicate the patient had a previous epidural injection at C7-T1 level in 2/22/2012 and the patient reported she had at least 50% reduction in her neck pain, lasting for about 4 to 5 months. The exam of the cervical spine appeared to indicate Spurling's maneuver is negative bilaterally. Reflexes were normal and motor exam showed only 4+/5 interosseous testing of the left hand. The sensation to light touch and proprioception was grossly intact in the upper and lower extremities. The utilization reviewer denied this request per letter date 10/9/13. This reviewer was able to uncover a report from 3/19/12 stating "she was getting worse every week and the cervical epidural steroid injection did not help at all." This report was not included in the file. Although this patient suffers from radiculopathy based on positive EMG, the provider's recollection of the benefit from the prior injection does not appear to be consistent with what was found on 3/19/12 report. It would appear that the prior injection did not do much for this patient. The recommendation is for denial.