

<b>Case Number:</b>	CM13-0043235		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Occupational Medicine, 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:

Injured worker is a female with date of injury 10/12/2011. According to the primary treating physician's progress report, the injured worker complains of pain in the neck with radicular symptoms into the arms. On exam cervical spine range of motion flexion is 50 degrees, extension is 60 degrees, rotation on the right is 65 degrees and on the left is 60 degrees. There is tightness in the cervical paraspinal musculature. Foraminal compression test is positive. MRI of bilateral pelvis with examination of both hips identified 1) diverticulitis 2) bilateral acetabular fluid, greater on the right than the left. Diagnoses include 1) cervical strain, herniated cervical disk, positive MRI 2) left shoulder strain, rule out tendonitis 3) midback strain 4) lumbar strain 5) symptoms of anxiety and depression. Treatment plan includes request for cervical spine epidural steroid injection with facet branch block, the 3rd one, for therapeutic and analgesic purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The medical documents provided do have reports of positive MRI and EMG/NCV studies to support the subjective complaints of cervical radiculopathy. Physical exam notes reduced cervical range of motion and tightness in the cervical paraspinal muscles. Physical exam however does not identify radiculopathy in a dermatomal pattern. There is noted to be pain with facet loading documented. The injured worker reportedly experienced a 60% improvement in symptoms following the second epidural steroid injection, and was able to return to work without restrictions. The injured worker reported that work increased symptoms and the injured worker was still taking opioid pain medications and muscle relaxants. There are noted to be multiple requests for physical therapy in the clinical documents provided for review. It is unclear how many physical therapy sessions had been utilized, and there is no documentation of the efficacy of these visits. One of the criteria for the use of epidural steroid injections is unresponsiveness to conservative treatment, but that is not clearly evident. The only physical therapy note reviewed is a functional assessment that showed the injured worker was functionally able to return to work with no restrictions. These guidelines note that a third epidural steroid injection is rarely recommended. The clinical findings do not provide strong support for this procedure at this time. The request for cervical epidural steroid injection is determined to not be medically necessary.

**CERVICAL FACET JOINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

**Decision rationale:** The cited guidelines do not recommend the use of facet joint injections. The request for cervical facet joint injection is determined to not be medically necessary.

**TWELVE (12) PHYSICAL THERAPY SESSIONS:** 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:** It is noted in some of the clinical documents reviewed that there are complaints of hip pain, and examination noted tenderness at the greater trochanter bursa. There is no diagnosis of any hip pathology provided within the clinical documents provided. There are no functional limitations noted regarding hip pain. There are several requests for physical therapy, but the clinical documents do not provide any indication of how many physical therapy sessions have been utilized, and there is no report of the efficacy of these physical therapy sessions. The request for physical therapy states the modalities that will be utilized, and states that the goal is to "allow better function and ability to perform Activities of Daily Living," however, there is no

documentation of any deficits in this regard. The justification for therapy is because "symptoms have persisted, despite rest and use of activity modification and over the counter analgesic medications". The injured worker does not have activity modification except to remain off work, and is taking prescription medications, not over the counter medications. Physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported by the cited guideline. This injured worker may need physical therapy, but the request should be accompanied by previous participation and efficacy of physical therapy. These guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency as the guided therapy becomes replaced by a self-directed home exercise program. The request for twelve (12) physical therapy sessions is determined to not be medically necessary.