

<b>Case Number:</b>	CM13-0055101		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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. The expert 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 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/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:

According to the records made available for review, this is a 52-year-old female with a 08/31/10 date of injury, and status post cervical decompression and fusion of C5-6 and C6-7, bilateral foraminotomies, and partial corpectomy at C5 and C7 on 01/27/12. At the time of request for the authorization for physical therapy two (2) times a week for six (6) weeks for the cervical and lumbar spine (11/7/13), consultation with [REDACTED] for Pain Management, and possible cervical epidural steroid injection, there is documentation of subjective findings (neck pain with reduced range of motion and painful movements, pain in both shoulders, elbows, and wrist/hands; numbness and tingling in the bilateral upper extremities; low back pain to the tailbone, with restricted mobility of the back, and numbness and tingling down the legs) and objective findings (cervical tenderness to palpation to the left occipital, paraspinous, and upper trapezius; shoulder tenderness to palpation over the posterior aspect of the shoulder and pain with range of motion; lumbar spine tenderness to palpation over the bilateral paraspinous and lumbosacral midline; and pain with lumbar range of motion). The current diagnoses include status post cervical decompression fusion at C5-6 and C6-7, with bilateral foraminotomies at C5-6 and C6-7 and partial corpectomy at C5 and C7, 1/27/12; thoracic spine musculoligamentous injury, left shoulder adhesive capsulitis, left elbow sprain/strain, mild left and early right carpal tunnel syndrome per an electromyography/nerve conduction velocity (EMG/NCV) on 06/8/11; and lumbar spine musculoligamentous injury with left S1 radiculopathy. The treatment to date include physical therapy (24 post cervical fusion, 12 lumbar spine), and activity modification. The 04/15/13 medical report identified that the patient completed twelve (12) sessions of physical therapy and did not notice any benefit with the physical therapy. The medical report identifies a request for pain management consultation for possible cervical epidural steroid injection. Regarding the requested physical therapy two (2) times a week for six (6) weeks for

the cervical and lumbar spine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy visits completed to date; and exceptional factors to justify going outside of guideline parameters. Regarding the requested consultation with [REDACTED] for Pain Management, there is no documentation of subjective radicular findings (pain, numbness, or tingling); objective radicular findings (sensory changes, motor changes, or reflex changes); or imaging (MRI, CT, myelography, or CT myelography & x-ray) findings, such as nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at the requested nerve root level(s) to be addressed. Regarding the requested possible cervical epidural steroid injection, there is no documentation of subjective findings (pain, numbness, or tingling) and objective findings (sensory changes, motor changes, or reflex changes), radicular findings, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings, such as nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at the requested nerve root level(s) to be addressed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE CERVICAL AND 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. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK AND LOW BACK CHAPTERS, PHYSICAL THERAPY and the TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed ten (10) visits over four to eight (4-8) weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy not to exceed ten (10) visits over eight (8) weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of status post cervical decompression fusion at C5-6 and C6-7, with bilateral foraminotomies at C5-6 and C6-7 and partial corpectomy

at C5 and C7 on 01/27/12; thoracic spine musculoligamentous injury, left shoulder adhesive capsulitis, left elbow sprain/strain, mild left and early right carpal tunnel syndrome per an electromyography/nerve conduction velocity (EMG/NCV) on 06/08/11; and lumbar spine musculoligamentous injury with left S1 radiculopathy. In addition, there is documentation of at least twelve (12) physical therapy visits completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy visits completed to date; and exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy two (2) times a week for six (6) weeks for the cervical and lumbar spine is not medically necessary.

**CONSULTATION FOR PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS REGARDING REFERRALS, CHAPTER 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PG 127 and the OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER, EPIDURAL STEROID INJECTIONS (ESIS)

**Decision rationale:** The ACOEM guidelines identify that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. The MTUS/ACOEM guidelines identify that cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines identify documentation of subjective radicular findings (pain, numbness, or tingling in a correlating nerve root distribution), objective radicular findings (sensory changes, motor changes, or reflex changes; if reflex relevant to the associated level) in a correlating nerve root distribution) in each of the requested nerve root distributions, and imaging (MRI, CT, myelography, or CT myelography & x-ray) findings, such as nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of the diagnoses of status post cervical decompression fusion at C5-6 and C6-7, with bilateral foraminotomies at C5-6 and C6-7 and partial corpectomy at C5 and C7, 1/27/12. In addition, there is documentation that the requested Pain Management consultation is for a possible cervical epidural steroid injection. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of subjective radicular findings (pain, numbness, or tingling) and

objective radicular findings (sensory changes, motor changes, or reflex changes), imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested nerve root level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for consultation for Pain Management is not medically necessary.

**POSSIBLE CERVICAL EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs),

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK CHAPTER, EPIDURAL STEROID INJECTIONS (ESIS)

**Decision rationale:** The MTUS/ACOEM Guidelines identify that cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. The Official Disability Guidelines identify documentation of subjective finding (pain, numbness, or tingling in a correlating nerve root distribution) and objective radicular findings (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings, such as nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of the diagnoses of status post cervical decompression fusion at C5-6 and C6-7, with bilateral foraminotomies at C5-6 and C6-7 and partial corpectomy at C5 and C7, 1/27/12. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of subjective radicular findings (pain, numbness, or tingling) and objective radicular findings (sensory changes, motor changes, or reflex changes), imaging (MRI, CT, myelography, or CT myelography & x-ray) findings, such as nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis at the requested nerve root level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for possible cervical epidural steroid injection is not medically necessary.