

<b>Case Number:</b>	CM14-0101353		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 52-year-old gentleman was reportedly injured on January 17, 2013. The mechanism of injury is bending a steel rod. The most recent progress note, dated February 26, 2014, indicates that there are ongoing complaints of cervical spine pain. The physical examination demonstrated tenderness along the cervical spine and over the upper trapezius. Diagnostic imaging studies of the cervical spine revealed mild spondylosis at C3 - C4, C4 - C5, and C5 - C6. An MRI the lumbar spine shows facet hypertrophy at L4 - L5 and L5 - S1. Previous treatment includes physical therapy, chiropractic care, epidural steroid injections, trigger point injections, cervical facet injections, and a cranial mandibular decompression. A request had been made for a series of three epidural steroid injections and physical therapy for the cervical and lumbar spine twice a week for four weeks and was not certified in the pre-authorization process on June 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SERIES OF 3 EPIDURAL STEROID INJECTIONS:** 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 Page(s): 46 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the most recent progress note dated February 26, 2014, there are no findings of a radiculopathy on physical examination, nor are there any imaging studies indicating neurological impingement. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.

**PHYSICAL THERAPY FOR THE CERVICAL AND LUMBAR SPINE TWO TIMES PER WEEK FOR FOUR WEEKS (2X4): Upheld**

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

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

**Decision rationale:** A review of the attached medical record indicates that the injured employee has previously participated in physical therapy for both the cervical and lumbar spine with a total of 24 visits. It is not stated why additional physical therapy is needed at this point and while home exercise program is not adequate. As such, this request for additional physical therapy two times a week for four weeks for the cervical and lumbar spine is not medically necessary.