

<b>Case Number:</b>	CM14-0179036		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/23/2006
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, 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 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 patient is a 52 year old male with an injury date on 01/23/2006. Based on the 09/23/2014 progress report provided by [REDACTED], the diagnoses are cervical disc bulge with radiculitis; thoracic outlet syndrome; shoulder tendonitis; rotator cuff syndrome; shoulder impingement; and lumbar disc bulge with radiculitis. According to this report, the patient complains of "neck, both shoulders, both hands and lower back pains." Physical exam reveals decreased range of motion of the cervical spine, lumbar spine, and bilateral shoulder. The 09/16/2014 report indicates there is tenderness at the cervical, thoracic, lumbar, and right sacroiliac regions. Pain is rated as an 8/10. MRI of the cervical spine on 09/20/2014 reveals central disc protrusion by approximately 3 mm with ventral effacement of the thecal sac at C5-C6 and C6-C7 levels. The patient's treatment history includes 2 right shoulders injection with some improvement and physiotherapy that help temporarily. There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/23/2014 to 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection C6-7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

**Decision rationale:** The provider is requesting cervical epidural steroid injection C6-7. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports do not mention prior cervical epidural steroid injections. In this case, MRI of the cervical spine shows a 3mm disc bulge at C5-6 and C6-C7. However, this patient does not present with radiating pain that are described in specific dermatomal distribution to denote radiculopathy or nerve root pain. MTUS further states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Therefore, this request is not medically necessary.

**Acupuncture two times a week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The provider is requesting Acupuncture 2 times a week for 6 weeks. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. Review of available records does not show document acupuncture history. If the patient did not have any recent therapy, a short course of therapy may be reasonable. However, the requested 12 sessions of acupuncture exceed what is allowed by guidelines. Therefore, this request is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7; page 137-139, Functional capacity evaluations

**Decision rationale:** The provider is requesting Functional capacity evaluation. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the patient has" returned to

work with modified duties" and it is the employer's responsibility to identify and determine whether reasonable accommodations are possible. Furthermore, the provider does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Therefore, this request is not medically necessary.