

<b>Case Number:</b>	CM14-0029831		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Pain Management, 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 47 year old female with an injury date of 01/27/10. Based on the 01/21/14 progress report provided by [REDACTED] the patient complains of pain in the neck, upper back, right/left elbow, right wrist/hand, left wrist, and right/left shoulder. The patient's diagnoses are cervical spine strain, thoracic spine strain, status post left elbow surgery, right carpal tunnel syndrome, status post right shouder surgery on 04/16/01, status post left shoulder surgery on 04/26/11, staus post left carpal tunnel surgery and left ulnar nerve neuropathy at the elbow. [REDACTED] is requesting cervical epidural steroid injection, physical therapy for cerival, left shoulder and right wrist 2 times a week for 6 weeks and follow up evaluation with a pain medicine specialist for chronic pain. The utilization review determination that is being challenged is dated 02/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/22/13- 01/21/14.

### 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 (ESIs) Page(s): 46-47.

**Decision rationale:** According to the 01/21/14 report by [REDACTED], the patient presents with pain in the neck, upper back, right/left elbow, right wrist/hand, left wrist, and right/left shoulder. The request is for a cervical epidural steroid injection. There is no indication if the patient had any previous cervical epidural steroid injections. The California MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The California MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this patient, there is no mention of any radicular symptoms, no MRI reports are described, and there are no examination findings that suggest radiculopathy. Therefore, the request is not medically necessary.

**PHYSICAL THERAPY (CERVICAL, LEFT SHOULDER, LEFT WRIST) (2X/6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the 01/21/14 report by [REDACTED], the patient presents with pain in the neck, upper back, right/left elbow, right wrist/hand, left wrist, and right/left shoulder. The request is for 2 x 6 physical therapy sessions for the cervical spine, left shoulder, and right wrist. The California MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the provider has asked for 12 total sessions of therapy for the patient's cervical spine. A short course of treatment may be reasonable if the patient is flared-up, has a new injury or aggravated. However, such documentations are not provided and the request of 12 sessions exceeds what is allowed per The California MTUS. Therefore, the request is not medically necessary.

**FOLLOW-UP EVALUATION WITH A PAIN MEDICINE SPECIALIST (CHRONIC PAIN):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** According to the 01/21/14 report by [REDACTED], the patient presents with pain in the neck, upper back, right/left elbow, right wrist/hand, left wrist, and right/left shoulder. The request is for follow-up evaluation with a pain medicine specialist (chronic pain). The utilization reviewer denied this request because "current deficits in the cervical spine are minimal

and limited to pain with limited evidence of abnormality in the submitted MRI study on 08/16/10. In regards to follow-up visits, MTUS page 8 requires that the treater monitor the patient. Follow-up visitations are needed to monitor patient's progress. Given the patient's persistent symptoms, recommendation is for authorization of the requested follow-up visitations.