

<b>Case Number:</b>	CM14-0034886		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 68 year old male who sustained an injury to his neck on 11/05/03. The clinical note dated 02/20/14 reported that the injured worker complained of pain in the neck, upper back, and left arm described as sharp, shooting, electrical, throbbing, knife-like, with associated numbness/tingling at 7/10 visual analog scale score. A physical examination of the cervical spine was positive for tenderness with paraspinal muscle spasms and bilateral facet loading signs; cervical spine with decreased range of motion; left side greater than the right; positive Spurling's test left. The injured worker was recommended for medial branch blocks at C5-6, C6-7, and C6-8 for diagnostic purposes. The magnetic resonance image of the cervical spine was pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) X 18 visits CS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

**Decision rationale:** There was no mention that a surgical intervention had been performed or was anticipated. The Official Disability Guidelines recommend up to 10 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy (PT) x 18 visits for the cervical spine is not medically necessary.

**Left cervical transforaminal epidural steroid injection (ESI) C5-6, 6-7, C7-T1:** Upheld

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

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

**Decision rationale:** Three (3) cervical levels are being requested and the guideline criteria only supports up to 2 levels with a transforaminal approach. The California Medical Treatment Utilization Schedule states that no more than two (2) nerve root levels should be injected using transforaminal blocks and no more than one (1) interlaminar level should be injected in one (1) session. Given this, the request for left cervical transforaminal epidural steroid injection (ESI) at C5-6, C6-7, and C7-T1 is not medically necessary.