

<b>Case Number:</b>	CM14-0059195		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work through March 23, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for a cervical epidural steroid injection at C5, C6, and C7 and likewise denied a request for six to twelve sessions of physical therapy. The claims administrator stated that the applicant did not have any radicular symptoms or physical findings documented and that there was, moreover, an absence of structural pathology to support the need for the epidural steroid injection. The claims administrator also stated that the applicant had completed unspecified amounts of physical therapy and that additional treatment was not needed at this point. Overall rationale was sparse; the claims administrator did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In a March 1, 2013 permanent and stationary report, the applicant stated that she had received earlier chiropractic manipulative therapy and physical therapy. The applicant stated that she had alleged development of multifocal pain secondary to cumulative trauma at work as a clerical data entry worker. The applicant was using Mobic for pain relief. The applicant was given permanent work restrictions but was apparently working with said limitations in place. The applicant was apparently given a 7% whole person impairment rating for the lumbar spine and a 6% whole person impairment rating for the thoracic spine. In a survey of records, the attending provider noted that the applicant had evidence of broad-based disk bulge of 3 to 4 mm at C4-C5 and C5-C6 generating associated neuroforaminal stenosis as well as a 3-mm disk bulge at C6-C7 also generating mild neuroforaminal stenosis. It

did not appear that the applicant had a record of having had prior epidural steroid injections insofar as the cervical spine was concerned. It appears that the applicant later transferred care to another treating provider, who sought authorization for epidural steroid injection therapy in an office visit of March 25, 2014. This office visit, however, was not incorporated into the Independent Medical Review packet.

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

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

#### **Cervical Spine Epidural Steroid Injections at C5, C6, C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 46, Epidural Steroid Injections topic. Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does appear to have some radiographic changes at the levels in question which could potentially generate radicular symptomatology. The radiographic findings, however, are of little or no import without accompanying clinical complaints. In this case, however, there is no evidence that the applicant has or had any active symptoms of neck pain radiating to the arms suggestive of an active cervical radiculopathy process on or around the date of the Utilization Review Report, April 18, 2014. As noted previously, the claims administrator did not incorporate the progress note of March 25, 2014 on which the injection in question was requested into the Independent Medical Review packet. It is unclear whether the applicant in fact had or has active cervical radicular complaints. Therefore, the request for a cervical epidural steroid injection at C5, C6, and C7 is not medically necessary.

#### **Physical Therapy ; one to two (1-2) times a week for six (6) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines . MTUS page 99, Physical Medicine topic Page(s): 99.

**Decision rationale:** The 12-session course of treatment proposed by the attending provider, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue present here. Similarly, the MTUS Guideline in ACOEM Chapter 3, page 48 states that it is incumbent upon the attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, however, no clear treatment

goals have been furnished. The progress note of March 25, 2014 on which the physical therapy in question was sought was not incorporated into the Independent Medical Review packet. No clear or compelling rationale for additional physical therapy treatment has been set forth by the attending provider or the applicant's attorney. Therefore, the request is not medically necessary.