

<b>Case Number:</b>	CM14-0068266		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 injured worker is a 47-year-old female who reported an injury on 09/21/2011. Her job duties included data entry, writing memos, letters, and notifications, doing research, and writing reports. She stated that she had been working on a report for 8 days when she noticed a sharp pain in both forearms. The injured worker's treatment history included x-rays, medications, EMG/NCV studies, and physical therapy. The injured worker had undergone an MRI on 05/03/2013, which demonstrated multilevel disc protrusions from C4-6. There was mild straightening of the cervical spine, which may be positional or related to muscle spasms, disc desiccation at C2-4, C7-T1. The posterior margin of the disc, and thecal sac and neural foramina are patent. The injured worker had undergone an EMG/NCS of the upper extremities dated 12/12/2011 demonstrating mild compression of the left ulnar nerve at or near the medial epicondyle by electrodiagnostic criteria, normal EMG, and no evidence of active cervical radiculopathy was noted in the bilateral upper extremities. The injured worker was evaluated on 04/18/2014, and it was documented that the injured worker complained of mild discomfort in the left lateral elbow, but was improving over time. The injured worker was status post right extensor tendon repair. The injured worker was trying a home exercise program and was experiencing discomfort in the neck. The pain was spasm like, and there was also some slight range of motion difficulty. She denied any weakness in upper extremities and currently uses Pennsaid ointment as needed. Physical examination revealed myofascial spasm, cervical ranges of motion were slightly limited with lateral rotation to 20 degrees bilaterally. There was tenderness along the lateral epicondyle. Cozen's test was mildly positive. It was noted that the injured worker had sensation rated at 2/2 to light touch and pinprick in the proximal upper extremities, there was 1/2 light touch and pinprick along the right and left hand in a generalized fashion. She had diminished deep tendon reflexes in the biceps and triceps tendons bilaterally. It

was noted that the injured worker was still having profound paresthesias in both hands and being that she had cervical findings including disc protrusion that maybe contributed to her symptoms in radicular fashion. Thus, a cervical epidural steroid injection was requested at C7-T1 level. The injured worker had 6 physical therapy sessions. Diagnoses included right elbow, orthopedic aftercare, and joint effusion in the forearm, lateral epicondylitis, and joint pain in the upper arm. The patient included Voltaren gel and Tylenol. The Request for Authorization or rationale was not submitted for this review.

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

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

**Cervical C7-T1 intralaminar epidural steroid injection with fluoroscopic guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESIs. There was lack of documentation of home exercise regimen, and pain medication management and outcome measurements for the injured worker. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for cervical C&-T1 intralaminar epidural steroid injection with fluoroscopic guidance is not medically necessary.

**Physical therapy-one to two (1-2) times per week for six (6) weeks, twelve (12) sessions:**  
Upheld

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

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

**Decision rationale:** The request is non-certified. The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. The physical therapy notes indicated the injured

worker symptoms were manageable and she was returning to functional activities that require her to work on the endurance and grip with minimal symptoms, and her mobility and strength have normalized. The provider failed to indicate long-term functional goals and outcome measurements of home exercise regimen. The requested amount of visits will exceed the recommended amount per the guidelines. Given the above, the request for physical therapy one to two (1-2) times per week for six (6) weeks, twelve (12) sessions is non-certified.