

<b>Case Number:</b>	CM14-0078162		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Family 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 injured worker is a 59 year old male who was injured on 01/30/07. The mechanism of injury is described as a motor vehicle accident. The injured worker is status post C6-7 laminectomy and anterior cervical fusion on 09/17/13. Records indicate the injured worker did receive postoperative physical therapy; however, the amount and duration of this treatment is not noted. Clinical note dated 11/11/13 states the injured worker reports no relief with physical therapy and states feeling as though his neck pain has worsened since surgery. Clinical note dated 11/20/13 includes a treatment plan which states, "The [claimant] should begin physical therapy at this time even though he feels physical therapy aggravates him." Subsequent notes make no mention of physical therapy. An MRI of the cervical spine dated 02/07/14 is significant multilevel cervical spondylosis with foraminal narrowing which is worst on the left at C3-4 and C6-7. No central canal narrowing or nerve root compromise is reported at any level. Clinical note dated 03/05/14 states the injured worker presents with complaints of neck and left upper extremity numbness and tingling. Physical examination on this date reveals upper extremity motor strength of 5/5, intact sensation and reflexes at 2+ for brachioradialis. Reflexes are 1+ for biceps and triceps bilaterally. A suggestion is made for CESI at C6-7 and a request for authorization of the same is submitted on 03/11/14. Clinical note dated 04/16/14 states an appeal request will be submitted for cervical ESIs at C3-4 and C6-7 followed by an abbreviated course of physical therapy. Physical examination on this date is reported to reveal decreased sensation to light touch throughout the entire left upper extremity. Reflexes are noted as trace for biceps, 1+ for brachioradialis and 1+ for triceps on the right. On the left, biceps are trace, brachioradialis are 1+ and triceps are absent. Motor strength is noted as 5/5 throughout the bilateral upper extremities. This note references an EMG/NCV study from 02/28/13 (prior to cervical fusion) which revealed "possible superimposed left C8-T1 radiculopathy." A request for cervical ESIs followed by 12

sessions of physical therapy was received on 04/25/14 and was denied by Utilization Review on 05/01/14.

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

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

#### **C3-4 and C6-7 Epidural Steroid Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** The request for C3-4 and C6-7 epidural steroid injections is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state criteria for the use of ESIs includes documented failure to respond to conservative treatment such as physical therapy and documented evidence of an active radiculopathy upon physical examination which is corroborated by imaging and/or electrodiagnostic studies. The records submitted for review suggest the injured worker participated in physical therapy following the cervical fusion dated 09/17/13. Records suggest the injured worker did not respond appropriately to treatment at that time; however, no physical therapy notes are submitted and the injured worker's functional response to treatment is unclear. Records do not indicate the injured worker had participated in physical therapy for approximately 4 to 5 months preceding the request for ESIs. Physical examination of the bilateral upper extremities failed to reveal sensory and reflex changes in a specific nerve root distribution. The MRI dated xxx failed to reveal nerve root compression or compromise. Records indicate an EMG/NCV of the bilateral upper extremities, which predated the claimant's cervical fusion, revealed "possible evidence" of a radiculopathy at left C8-T1. The records fail to identify clear evidence of an active radiculopathy at C3-4 or C6-7. Based on the clinical information provided, medical necessity of C3-4 and C6-7 epidural steroid injections is not established.

#### **Post Injections Physical Therapy 12 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 03/31/2014); Integrated Treatment/ Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) (updated 04/14/14)

**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:** The request for Post Injections Physical Therapy 12 visits is not recommended as medically necessary. MTUS and ACOEM do not specifically address the use of

post-injection physical therapy. ODG supports no more than 1-2 visits of physical therapy over 1 week following a spinal injection. The records do not include exceptional factors which would warrant treatment in excess of guideline recommendations. Moreover, requested cervical ESIs have not been approved. As such, the need for post-surgical physical therapy is not supported. Based on the clinical information provided, medical necessity of 12 visits of post injection physical therapy is not established.