

<b>Case Number:</b>	CM14-0195569		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, 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:

This patient is a 48 year old female with a date of injury of 7/29/13. According to progress report dated 10/17/14, the patient presents with continue pain follow an anterior neck surgery 11 months ago. The patient complains of neck pain that radiates to bilateral arms, left arm worse than right. There is bilateral numbness. General examination noted "the patient has developed severe foraminal stenosis at C3-C4 as dictated by the radiologist on her MRI C-spine." It was noted that ultimately the will probably be a candidate for C4-5 ACDF. The listed diagnoses are Cervical HNP w/ myopathy and carpal tunnel syndrome. An MRI of the cervical spine dated 10/4/14 revealed C5-6 and C6-7 ACDF with ventral plate, and moderate to severe left foraminal stenosis at C3-4 by chronic disk and osteophyte complex and hypertrophic facet joint changes. The treatment plain is for a Left C3-4 epidural steroid injection, physical therapy and follow-up in 4 weeks. The utilization review denied the request on 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C3-4 epidural injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

**Decision rationale:** The patient complains of neck pain that radiates to bilateral arms, left arm worse than right. There is bilateral numbness. The current request is for left C3-4 epidural injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "recommended as an option for treatment of radicular pain, defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient has an initial CESI on 3/6/14. Review of the progress report immediately following injection states, "patient had an epidural injection last visit, March 6, 2014 without significant relief." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement includes at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." Given there are no documentation of such benefits, this request is not medically necessary.

**18 sessions of physical therapy:** Upheld

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

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

**Decision rationale:** The patient complains of neck pain that radiates to bilateral arms, left arm worse than right. There is bilateral numbness. The current request is for 18 sessions of physical therapy. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. A review of the medical file indicates that the patient participated in 12 PT sessions between 2/11/14 and 4/15/14. Physical therapy reports note improved ROM and posture. A Physical therapy report dated 4/15/14 states that the patient has gained strength and endurance from exercises, but "still with quite limited and painful ROM and radicular symptoms in UEs." In this case, the physician's request for additional 18 sessions exceeds what is recommended by the MTUS. The physician does not discuss why the patient would not be able to transition into a HEP. In addition, there is no report of new injury, new surgery or diagnosis that could substantiate the current request. The requested 18 PT sessions is not medically necessary.