

<b>Case Number:</b>	CM15-0102224		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 7/22/05. The diagnoses have included cervical arthrodesis from C3-C7 fused, cervicgia, lumbar degenerative disc disease (DDD) and remote lumbar fusion. Treatment to date has included medications, activity modifications, surgery, diagnostics, physical therapy and epidural steroid injection (ESI). Currently, as per the physician progress note dated 4/13/15, the injured worker is 8 months post anterior-posterior cervical fusion for complex cervical pseudarthrosis and continues to have discomfort radiating into the shoulders and trapezial muscle. The physical exam reveals tenderness at the palpable spinous process of C7 and restricted cervical range of motion status post four level cervical arthrodesis. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/9/15 reveals prior fusion, disc desiccation, bilateral foraminal narrowing, and disc protrusion. The previous physical therapy sessions were noted in the records. The physician noted that he feels that the injured worker has reached a point of maximum medical improvement with regard to the cervical condition. With regards to the ongoing lower back condition, he recommended a nerve block on the right at L2-3 and L3-4 levels. The physician requested treatments included Nerve block injection with sedation (L2-3 and L3-4) and Physical therapy 2 times a week for 3 weeks for the neck as she is still having significant tightness in the perimuscular trapezial areas.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve block injection with sedation (L2-3 and L3-4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, neurological deficits or remarkable diagnostics to support the nerve blocks. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Nerve block injection with sedation (L2-3 and L3-4) is not medically necessary and appropriate.

**Physical therapy, 2 times a week for 3 weeks for the neck: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, 2 times a week for 3 weeks for the neck is not medically necessary and appropriate.

