

<b>Case Number:</b>	CM15-0135242		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/14/1998
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 60 year old male who sustained an industrial injury on 06/14/1998. Mechanism of injury was a fall from a ladder with injuries to his left knee, neck and low back. Diagnoses include cervical stenosis at C4-5, C5-6, and C6-7 with cervical radiculopathy in the right upper extremity and multilevel lumbar degenerative disk disease and stenosis. Treatment to date has included diagnostic studies, medications, epidural steroid injections, chiropractic sessions, and physical therapy. On 03/16/2015 a Magnetic Resonance Imaging of the lumbar spine showed multilevel chronic disc degeneration with moderate foraminal narrowing, and central canal narrowing. On 12/31/2014 an Electromyography and Nerve Conduction Velocity shows moderate mixed bilateral motor and sensory median nerve carpal tunnel at the wrists. There is left greater than right C6 and C7 radiculopathy pattern bilaterally with subacute and chronic changes that may be related to foraminal stenosis, degenerative disc disease, herniation or related conditions and maximum in the left C6 distributions. A physician progress note dated 05/22/2015 documents the injured worker complains of cervical neck and back pain, with radiating symptoms in both the arms and legs. A recent Magnetic Resonance Imaging showed multilevel stenosis and degenerative disc disease. He has restricted cervical spine range of motion and there is tenderness to palpation posteriorly at C5-C6, and C6-C7. He has a positive Spurling with extension and rotation to the left greater than the right. He has numbness to pinwheel prick in his index and middle fingers bilaterally. He has a satisfactory gait pattern. There is tenderness to palpation at the L4-L5 and L5-S1 segments. He has increasing pain with extension past neutral. He has a positive straight leg raise on the right at 90 degrees. Treatment

requested is for C7 cervical epidural steroid injection with sedation, and Physical therapy 2 x 6 to the cervical spine.

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

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

**Physical therapy 2 x 6 to the cervical spine:** 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 patient presents with neck, back and left knee pain. The request is for PHYSICAL THERAPY 2 X 6 TO THE CERVICAL SPINE. The request for authorization is not provided. MRI of the cervical spine, 03/24/14, shows multilevel degenerative spondylosis of the cervical spine with varying degrees of central canal and/or neural foraminal stenosis; the central canal stenosis is most prominent at the C4-5, C5-6 and C6-7 levels; the neural foraminal stenosis is severe on the left at C6-7 and moderate on the right; there is, however, bilateral foraminal narrowing at multiple levels; actual study was not provided. EMG/NCS of the bilateral upper extremities, 12/31/14, demonstrates moderate mixed bilateral motor and sensory median nerve and carpal tunnel at the wrists. In addition, there is a left greater than right C6 and C7 cervical radiculopathy pattern bilaterally with subacute chronic changes noted by EMG and may be related to foraminal stenosis, DDD, herniation or related conditions and maximum in the left C6 distributions. Physical examination reveals decreased range of motion cervical spine, tenderness to palpation in the cervicothoracic junction, pain radiating into left shoulder and arm. He has a positive Spurling with extension and rotation to the left greater than right. He has numbness to pinwheel prick in his index and middle fingers bilaterally. He has been previously approved for an anterior cervical fusion at the C4-5, C5-6 and C6-7 levels, but the patient elected at that time to hold off, as he did not feel like he had enough conservative treatment. He was approved for therapy but only 6 visits for the neck and back. Patient's medication includes Baclofen. Per progress report dated 01/28/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 05/22/15, treater's reason for the request is "this patient was benefiting from the therapy program and I think would benefit from continued therapy." Given the patient's condition, a short course of physical therapy would be indicated. However, review of provided medical records show the patient had 6 prior physical therapy sessions. The request for 12 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

**C7 cervical epidural steroid injection with sedation:** Overturned

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

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

**Decision rationale:** The patient presents with neck, back and left knee pain. The request is for C7 CERVICAL EPIDURAL STEROID INJECTION WITH SEDATION. The request for authorization is not provided. MRI of the cervical spine, 03/24/14, shows multilevel degenerative spondylosis of the cervical spine with varying degrees of central canal and/or neural foraminal stenosis; the central canal stenosis is most prominent at the C4-5, C5-6 and C6-7 levels; the neural foraminal stenosis is severe on the left at C6-7 and moderate on the right; there is, however, bilateral foraminal narrowing at multiple levels; actual study was not provided. EMG/NCS of the bilateral upper extremities, 12/31/14, demonstrates moderate mixed bilateral motor and sensory median nerve and carpal tunnel at the wrists. In addition, there is a left greater than right C6 and C7 cervical radiculopathy pattern bilaterally with subacute chronic changes noted by EMG and may be related to foraminal stenosis, DDD, herniation or related conditions and maximum in the left C6 distributions. Physical examination reveals decreased range of motion cervical spine, tenderness to palpation in the cervicothoracic junction, pain radiating into left shoulder and arm. He has a positive Spurling with extension and rotation to the left greater than right. He has numbness to pinwheel prick in his index and middle fingers bilaterally. He has been previously approved for an anterior cervical fusion at the C4-5, C5-6 and C6-7 levels, but the patient elected at that time to hold off, as he did not feel like he had enough conservative treatment. He was approved for therapy but only 6 visits for the neck and back. Patient's medication includes Baclofen. Per progress report dated 01/28/15, the patient is temporarily totally disabled. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 05/22/15, treater's reason for the request is "this patient has clear evidence of radicular symptoms with stenosis." MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Physical examination reveals decreased range of motion cervical spine, tenderness to palpation in the cervicothoracic junction, pain radiating into left shoulder and arm. He has a positive Spurling with extension and rotation to the left greater than right. He has numbness to pinwheel prick in his index and middle fingers bilaterally. MRI of the cervical spine, 03/24/14, shows multilevel degenerative spondylosis of the cervical spine with varying degrees of central canal and/or neural foraminal stenosis; the central canal stenosis is most prominent at the C4-5, C5-6 and C6-7 levels; the neural foraminal stenosis is severe on the left at C6-7 and moderate on the right; there is, however, bilateral foraminal narrowing at multiple levels. In this case, radiculopathy is documented with dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Review of provided medical records indicate no evidence of a prior Cervical Epidural Steroid Injection. Therefore, the request is medically necessary.