

<b>Case Number:</b>	CM15-0147917		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Hawaii  
 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 56 year old female, who sustained an industrial injury on November 20, 2013, incurring upper neck, shoulder and low back injuries. She was diagnosed with cervical disc disease with disc herniations, thoracic disc disease with disc herniation lumbar disc disease with disc herniation and cervical, thoracic and lumbar radiculopathy. Treatment included physical therapy, epidural steroid injection, acupuncture, anti-inflammatory drugs, topical analgesic cream, muscle relaxants and neuropathic topical cream. Currently, the injured worker complained of persistent neck pain with radiating pain down her left arm and low back pain radiating down the left lower extremity to the ankle. She rated her pain 7 on a pain scale of 1 to 10. She noted burning, aching and stabbing pain in the bilateral shoulders radiating down the left upper extremity. She had difficulty sleeping secondary to the increased pain and difficulty with activities of daily living. The treatment plan that was requested for authorization included physical therapy for the bilateral shoulders a follow up visit in six weeks and a cervical steroid injection for the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for bilateral shoulders 2 times a week for 4 weeks: 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 pain affecting the neck with radiation down the left arm, bilateral shoulders with radiation down the left upper extremity, and low back with radiation down the left lower extremity. The current request is for Physical therapy for bilateral shoulders 2 times a week for 4 weeks. The treating physician report dated 6/3/15 (267B) states, "Treatment to this point has consisted of 6 visits of physical therapy to the bilateral shoulders with no pain relief". The report goes on to state (270B), "I continue to request physical therapy for the bilateral shoulders 2 times per week for 4 weeks. Surgery may be an option in the future for her bilateral shoulders if conservative therapy fails". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received 6 sessions of physical therapy to the bilateral shoulders previously. In this case, the patient has received 6 visits of physical therapy to date and therefore the current request of an additional 8 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the patient experienced no pain relief or functional improvement from 6 prior sessions of physical therapy. The current request is not medically necessary.

**Follow up in 6 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

**Decision rationale:** The patient presents with pain affecting the neck with radiation down the left arm, bilateral shoulders with radiation down the left upper extremity, and low back with radiation down the left lower extremity. The current request is for Follow up in 6 weeks. The treating physician report dated 6/3/15 (270B) states, "I have advised the patient to continue with [REDACTED] in regards to her spine complaints". ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. The medical reports provided show the patient has shown symptoms of increasing back pain over a long period of time, and has been following up with [REDACTED] regarding her spine complaints. In this case, the patient presents with pain affecting the cervical and lumbar spine and the treating physician is

requesting the additional expertise of another health practitioner. Furthermore, the requesting physician specializes in general orthopedic and is requesting a follow-up consult with an orthopedic surgeon in order to properly treat the patient's symptoms and discuss further options. The current request is medically necessary.

**Cervical steroid injection for bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid injections.

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

**Decision rationale:** The patient presents with pain affecting the neck with radiation down the left arm, bilateral shoulders with radiation down the left upper extremity, and low back with radiation down the left lower extremity. The current request is for cervical steroid injection for bilateral shoulders. The treating physician report dated 6/3/15 (270B) states, "At this time, we will proceed with conservative treatment consisting (of) CSI's for the bilateral shoulders". It is my opinion that the request was meant to be for corticosteroid injection of the bilateral shoulders, however the current request is for cervical steroid injection. The MTUS Guidelines do recommend ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines further state, "No more than two nerve root levels should be injected using transforaminal blocks". No more than one interlaminar level should be injected at one session". In this case, the current request does not specify what level(s) of the cervical spine are to be injected and the MTUS guidelines do not support more than one level to be injected at one session. Furthermore, the findings of cervical radiculopathy were not corroborated by imaging studies and/or electrodiagnostic testing. The current request does not satisfy the MTUS guidelines as outlined on page 46. The current request is not medically necessary.