

<b>Case Number:</b>	CM15-0196367		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 54 year old female patient who reported an industrial injury on 11-28-2012. The diagnoses include cervico brachial syndrome; and moderate cervical 5-6 spondylosis. Per the progress note dated 10/20/15, the patient had pain and poor quality of sleep. Per the progress notes dated 9-15-2015 she had complaints of neck pain and lower backache, rated 8 out of 10 on medication and 10 out of 10 without; and of poor quality of sleep. The objective findings revealed mild-moderate pain; obesity; tenderness and tight muscle band over the bilateral cervical para-vertebral muscles with restricted range-of-motion, and positive Spurling's maneuver; limited left shoulder range-of-motion with positive Hawkins and Neer's tests; limited motor examination due to pain; decreased left grip strength and sensation over the left lateral forearm. The medications list includes salopas large patches, naproxen, neurontin, trazodone and tylenol with codeine. Also noted was that she wanted physical therapy before trying epidural steroid injection therapy, and that physical therapy was awaiting an authorization letter before scheduling therapy, and that 2 sessions had been approved. She has had magnetic resonance imaging of the cervical spine dated 11-13-2014, which revealed multilevel degenerative changes. Her treatments were noted to include medication management, low back brace and rest from work. Per the records provided the patient was previously authorized for cervical ESI (on 6/11/2015 peer review), but not performed due to transportation issue. The physician's request for treatments was not noted to include "2 times a week for 6 weeks for total of 12 visits". No request for authorization for physical therapy was noted in the medical records provided. The Utilization Review of 6-24-2015 non-certified the request for cervical 7 - thoracic 1 epidural steroid injection, followed by 12 weeks of physical therapy, 2 x a week x 6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C7-T1 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." Per the cited guideline, criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants." Unequivocal evidence of radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. As stated above, ESI alone offers no significant long-term functional benefit. Failure of conservative therapy including pharmacotherapy and home exercise is not specified in the records provided. The medical necessity of C7-T1 epidural steroid injection is not fully established for this patient.

### **Physical therapy 2x per week for 6 weeks post-injection:** 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), Neck, Physical Therapy, Post-Injection treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) Physical therapy.

**Decision rationale:** The cited guidelines recommend up to 9-10 physical therapy visits for chronic pain and 1-2 PT visits over 1 week for post injection treatment. Therefore, the requested visits are more than recommended by the cited criteria. Details regarding previous physical therapy visits are not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy 2x per week for 6 weeks post-injection is not established for this patient at this time.