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| <b>Case Number:</b>   | CM15-0025116 |                              |            |
| <b>Date Assigned:</b> | 02/17/2015   | <b>Date of Injury:</b>       | 09/09/2014 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 02/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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 was a 59 year old male, who sustained an industrial injury, September 9, 2014. According to progress note of January 15, 2015, the injured workers chief complaint was right shoulder and neck pain. The physical examination noted weakness in the right grip strength with increased pain with range of motion. Spasms were noted in the right trapezius area. There were sensory changes noted in the right hand with positive Phalen's test on the right. The injured worker had a double crush injury to the neck and right hand. The injured worker was diagnosed with severe bilateral carpal tunnel syndrome, bilateral chronic C7 radiculopathy diagnosed by EMG/NCS (electromyography and nerve conduction studies), myofascial sprain of the cervical spine, myofascial sprain of the thoracic spine and myofascial sprain of the lumbar spine and sprain of the right shoulder. The injured worker previously received the following treatments acupuncture, EMG/NCS (electromyography and nerve conduction studies) on January 6, 2015, MRI of the cervical spine, MRI of the cervical neck and right shoulder, On January 15, 2015, the primary treating physician requested authorization for cervical epidural block time 1 and post cervical physical therapy times 4 sessions. On February 5, 2015, the Utilization Review denied authorization for cervical epidural block time 1 and post cervical physical therapy times 4 sessions. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural block x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the 11/06/14 progress report provided by treating physician, the patient presents with right-sided neck pain radiating towards the back of the right shoulder. The request is for CERVICAL EPIDURAL BLOCK X1. RFA with the request not provided. Patient's diagnosis on 12/04/14 included myofascial sprain of the cervical spine, and cervical radiculopathy. Physical examination on 01/13/15 revealed weakness of grip strength in the right hand. Pain with range of motion of the right shoulder and the cervical spine. Spasm is noted in the trapezius area. MRI of the cervical spine performed on 12/01/14, revealed "at C2-C3 a 3mm central disk protrusion causing no significant neural foraminal narrowing or canal stenosis. At C3-C4, there is a 3mm broad-based disk bulge causing no significant neural foraminal narrowing or canal stenosis. At C4-C5, there is a 4mm central disk protrusion causing mild central canal stenosis. There is mild to moderate right and moderate to severe left neural foraminal narrowing. At C5-C6, there is a focal 5-6mm central/right paracentral disk protrusion causing moderate central canal stenosis with moderate to severe right neural foraminal narrowing. Moderate left neural foraminal narrowing is seen. There is deformity and flattening of the ventral surface of the cord. At C6-C7, there is a 5mm broad-based disk bulge causing moderate central canal stenosis and moderate right neural foraminal narrowing. At C7-T1, there is a 3-4mm broad-based disk bulge with focal right lateral prominence causing moderate right and mild left neural foraminal narrowing." Treater report dated 01/15/15 states "the patient's acupuncture treatments not helping so far." Medications have not been discussed in provided reports. Patient is temporarily totally disabled. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per progress report dated 01/13/15, treater states "I recommend patient undergo epidural steroid injection." In this case, patient presents with radicular symptoms and has a diagnosis of radiculopathy. Patient has undergone the EMG/nerve conduction study, which revealed bilateral severe carpal tunnel syndrome and bilateral chronic C7 radiculopathy. Medical record provided do not show prior ESI to the cervical spine. MRI of the cervical spine performed on 12/01/14, revealed moderate to severe foraminal narrowing and central canal stenosis at different levels, as well as broad-based disk bulges. Treater has not specified location and level to be injected. ESI would not be indicated without a clear diagnosis of radiculopathy. Furthermore, MTUS states on p46, there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The request IS NOT medically necessary.

**Post cervical epidural physical therapy x4 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the 11/06/14 progress report provided by treating physician, the patient presents with right-sided neck pain radiating towards the back of the right shoulder. The request is for POST CERVICAL EPIDURAL PHYSICAL THERAPY X4 SESSIONS. RFA with the request not provided. Patient's diagnosis on 12/04/14 included myofascial sprain of the cervical spine, and cervical radiculopathy. Physical examination on 01/13/15 revealed weakness of grip strength in the right hand. Pain with range of motion of the right shoulder and the cervical spine. Spasm is noted in the trapezius area. Treater report dated 01/15/15 states "the patient's acupuncture treatments not helping so far." Medications have not been discussed in provided reports. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks "Treater has not provided reason for the request. Given patient's diagnosis, a short course of physical therapy would be indicated. However, the request is for post cervical epidural injection which has not been authorized. Therefore, the request IS NOT medically necessary.