

<b>Case Number:</b>	CM14-0142885		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/13/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58-year-old female who reported an injury on 06/13/2009. The mechanism of injury was not provided. On 04/17/2014, the injured worker presented with neck pain radiating from the neck to the bilateral arms. Current medications included Duragesic, Neurontin, Tegaderm, Norco, Zanaflex, and Ambien. An EMG/NCS performed on 04/05/2012 noted electrodiagnostic evidence of severe bilateral carpal tunnel syndrome affecting sensory and motor components. Upon examination of the cervical spine, there was restricted range of motion and tenderness to the paravertebral muscles bilaterally with a positive Spurling's maneuver. The diagnoses were elbow pain, shoulder pain, wrist pain, and carpal tunnel syndrome. Prior therapy included physical therapy and medications. The provider recommended physical therapy 2 times a week for 6 weeks and a cervical epidural steroid injection at C7 to T1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy, 2 x per week for 6 weeks (body part unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical therapy.

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

**Decision rationale:** The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 10 visits of physical therapy over 4 weeks. The provider's request for 12 sessions of physical therapy exceeds the guideline recommendations. Additionally, there are no significant barriers of transitioning the injured worker to an independent home exercise program. The provider's request does not specify the body part that the physical therapy is intended for in the request as submitted. As such, 12 Sessions of Physical Therapy, 2 x per week for 6 weeks (body part unspecified) is not medically necessary.

### **1 Cervical Epidural Steroid Injection at C7-T1: Upheld**

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

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

**Decision rationale:** According to California MTUS, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation to show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance, and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated the injured worker had a positive Spurling's, limited range of motion, and tenderness noted bilaterally in the upper extremities. More information is needed to address motor strength deficits and specific sensory deficits over the C7 to T1. EMG/NCS performed on 04/05/2012 noted evidence of severe bilateral carpal tunnel syndrome. There was a lack of documentation of radiculopathy corroborated by physical examination findings and electrodiagnostic testing or MRI findings. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. There is a lack of documentation that the injured worker underwent the recommended conservative treatment and the efficacy of the prior treatments. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. Based on the above, 1 Cervical Epidural Steroid Injection at C7-T1 is not medically necessary.