

<b>Case Number:</b>	CM14-0143026		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 62-year-old male who has submitted a claim for cervical spine myospasms r/o disc herniation, ongoing dizziness, and s/p head contusion associated with an industrial injury date of 12/18/2013. Medical records from 3/6/2013 up to 9/24/2014 were reviewed showing that the patient began having headaches again. He also has dizziness. He denies nausea/vomiting/visual changes. Physical examination of the cervical spine revealed limited ROM, positive Spurling's on the right, and positive cervical compression on the right. Treatment to date has included physiotherapy of cervical spine and Neurontin. Utilization review from denied the request for High Volume Epidural Injection at C5-6 x 1 and modified the request for Physiotherapy three (3) times a week for four (4) weeks for the Cervical Spine to 6 sessions of physical therapy. Regarding the epidural injection, the documentation submitted provides limited evidence of specific radiculopathy on examination in the requested distribution as well as current imaging. Regarding the physical therapy, recommend partial certification of 6 sessions. Additional certification will require evidence of objective and functional improvement and the need for continued skilled care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**High Volume Epidural Injection at C5-6 x 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

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

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In this case, patient complains of headaches and dizziness. He has objective findings of radiculopathy evidenced by positive Spurling and cervical compression tests. It was mentioned that he had an EMG/NCV done; however, reports were not made available. There was likewise no MRI to document the radiculopathy at C5-6 to warrant an epidural steroid injection. Therefore, the request for High Volume Epidural Injection at C5-6 x 1 is not medically necessary.

**Physiotherapy three (3) times a week for four (4) weeks for the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck and Upper Back Procedure Summary last updated 04/14/2014 - Physical Therapy Guidelines

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient complains of headaches and dizziness. He has limited ROMs of cervical spine. On PR dated 3/26/2014 it was noted that he should continue physiotherapy 2x4 to the cervical spine. However, documentation of progress and functional improvement were not provided. Therefore, the request for Physiotherapy three (3) times a week for four (4) weeks for the Cervical Spine is not medically necessary.