

<b>Case Number:</b>	CM15-0116834		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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:

The injured worker is a 56 year old female who sustained an industrial injury on 9/17/10 from a slip and fall injuring her left shoulder, elbow and multiple body parts. She currently complains of right upper quadrant pain in the gallbladder region; heartburn; acid reflux; nausea; vomiting; insomnia; constant low back pain radiating down bilateral lower extremities; constant neck pain radiating down bilateral upper extremities; upper extremity symptoms with numbness, tingling and weakness; wrist and hand pain. She has difficulty with activities of daily living in regard to self-care and hygiene, hand function, sleep activity. On physical exam there was spasm and tenderness over the lumbar spine with decreased range of motion; there was grip weakness bilaterally and tender ness over the carpometacarpal joint. Medications are OxyContin, Ativan, Trazadone, Gabapentin, Effexor, Diocetyl Sodium Sulfosuccinate. Diagnoses include status post bilateral carpal tunnel release with residuals; chronic lumbar pain; lumbar radiculopathy; lumbar fusion; chronic cervical pain with radiculopathy; ulnar neuropathy on the left; depression; anxiety; status post fusion, lumbar spine. Treatments to date include medications and psychiatric evaluation. Diagnostics include nerve conduction study of the upper extremities (10/29/12) showing C5-6 radiculopathy, mild right carpal tunnel syndrome; nerve conduction study of the lower extremities (10/29/12) showing chronic L5 radiculopathy, mild peroneal nerve injury; MRI of the left elbow (1/29/13) abnormal; MRI of the cervical spine (3/1/13) showing cervical spondylosis; MRI of the left and right brachial plexus (3/1/13) showing disc protrusion; electromyography/nerve conduction study of bilateral upper extremities (3/5/13) showing no peripheral nerve entanglement or radiculopathy; computed tomography of the lumbar spine

(7/24/14) neural foraminal stenosis; MRI of the lumbar spine (5/9/14) slightly abnormal. On 6/12/15 Utilization Review evaluated requests for physical therapy twice per week for six weeks; epidural steroid injection bilateral, cervical spine. Patient has received 12 PT visits for neck and back in 2015. The patient's surgical history includes lumbar fusion and CTR. Patient had received ESI for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy, 2 times weekly for 6 weeks, 12 sessions (Left Elbow, Lumbar and/or Sacral Vertebrae, Multiple Neck Injury, Left Multiple Upper Extremities): 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.

**Decision rationale:** The guidelines cited below state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visit notes were not specified in the records provided. Per the guidelines cited, "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 the request for Physical Therapy, 2 times weekly for 6 weeks, 12 sessions (Left Elbow, Lumbar and/or Sacral Vertebrae, Multiple Neck Injury, Left Multiple Upper Extremities) is not fully established for this patient. Therefore the request is not medically necessary.

**Epidural Steroid Injection at Bilateral Cervical C5-C6, Qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**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. 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." 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). The patient has had electromyography/nerve conduction study of bilateral upper extremities (3/5/13) showing no peripheral nerve entanglement or radiculopathy. Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received an ESI for this injury. Per the cited guidelines, "Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks." There was no evidence of objective documented pain and functional improvement, including at least 50 percent pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Epidural Steroid Injection at Bilateral Cervical C5-C6, QTY: 1.00 is not fully established for this patient. Therefore the request is not medically necessary.