

<b>Case Number:</b>	CM15-0124476		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female who sustained an industrial injury on 3/25/14. Diagnoses are cartilage tear /meniscus knee current, neck sprain/strain, and lumbar sprain/strain. In a progress report dated 5/27/15, the treating physician notes neck pain is improving with chiropractic therapy. Lower back pain is unchanged since her last evaluation. Right shoulder pain increases with over the shoulder activities. Positive for right shoulder impingement. She is status post right shoulder arthroscopy 5/2012. Left knee pain is noted with popping intermittently. MRI of the lumbar spine reveals a 3mm disc bulge at L4-L5 along with a facet and ligamentum flavum hypertrophy causing mild to moderate stenosis. There is a 3 mm degenerative anterolisthesis of L4-L5. MRI of the left knee-4/6/15, reveals a complex tear of the posterior horn and body of the medial meniscus. An MRI of the cervical spine-4/6/15 reveals a degenerative disc disease greatest at C5-C6 and C6-C7, moderate right foraminal stenosis at C5-C6 and moderate left foraminal stenosis at C6-C7. MR Arthrogram of the right shoulder -4/13/15 reveals a small tear at the supraspinatus footprint. Work status is return to modified work. The requested treatment is translaminar epidural steroid injection at C7-T1, physical therapy 2 times a week for 4 weeks for the back and neck, and work hardening program for the back and neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** The claimant sustained a work-related injury in March 2014 and continues to be treated for radiating neck and low back pain. Prior treatments have included chiropractic care, acupuncture, and physical therapy. When seen, she was having radiating left upper extremity and lower extremity pain. There was decreased cervical spine range of motion. Spurling's testing was negative. There was a normal upper extremity neurological examination. An x-ray of the cervical spine included findings of significant C5-6 spondylosis. An MRI of the cervical spine in March 2015 included findings of moderate to severe multilevel stenosis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a normal upper extremity neurological examination with negative Spurling's testing. The request was not medically necessary.

## **Physical therapy 2 times a week for 4 weeks for the back and neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in March 2014 and continues to be treated for radiating neck and low back pain. Prior treatments have included chiropractic care, acupuncture, and physical therapy. When seen, she was having radiating left upper extremity and lower extremity pain. There was decreased cervical spine range of motion. Spurling's testing was negative. There was a normal upper extremity neurological examination. An x-ray of the cervical spine included findings of significant C5-6 spondylosis. An MRI of the cervical spine in March 2015 included findings of moderate to severe multilevel stenosis. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

**Work hardening program for the back and neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The claimant sustained a work-related injury in March 2014 and continues to be treated for radiating neck and low back pain. Prior treatments have included chiropractic care, acupuncture, and physical therapy. When seen, she was having radiating left upper extremity and lower extremity pain. There was decreased cervical spine range of motion. Spurling's testing was negative. There was a normal upper extremity neurological examination. An x-ray of the cervical spine included findings of significant C5-6 spondylosis. An MRI of the cervical spine in March 2015 included findings of moderate to severe multilevel stenosis. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Criteria also include completion of an adequate trial of therapy with improvement followed by plateau. In this case, additional physical therapy and treatments are being requested which indicates that the referring provider considers her treatment incomplete. The claimant's job requirements appear to be at a light physical demand level. The requested work conditioning program is not medically necessary at this time.