

<b>Case Number:</b>	CM14-0154520		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/09/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 & Rehabilitation and is licensed to practice in California. 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 52-year-old female who has submitted a claim for neck sprain, cervical disc disorder and cervical intervertebral disc degeneration, associated with an industrial injury date of August 9, 2014. Medical records from 2014 were reviewed. The patient complained of left-sided neck and shoulder pain. These were accompanied by neck stiffness and radiating pain, tingling and numbness to the left arm, hand and fingers. She has had steroid injections which helped short term. Examination of the cervical spine showed tenderness and limitation of motion due to pain. MRI of the cervical spine done on May 12, 2014 revealed mild multilevel mid and lower cervical degenerative change; posterior disc osteophyte complexes most pronounced at the C5-C6 and C6-C7 level with borderline central canal narrowing; and minimal neural foraminal narrowing bilaterally at the C5-C6 level and towards the left C6-C7 level. Treatment to date has included oral analgesics and cervical ESI. Utilization review from September 4, 2014 denied the request for cervical epidural steroid injection with facet injection C5-7 x 2. The records do not establish at least 50% pain relief for six to eight weeks and continued objective documented pain and function response as a result of prior epidural steroid injection. Additionally, clinical examination findings are not corroborated by imaging or electrodiagnostic studies. Since the requested injection procedure is not indicated, the Pre-op labs, UA, Pre and Post-op PT 3x3 for the cervical spine are also not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine quantity 9.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy, Neck - Post-injection treatment

**Decision rationale:** The dependent request of Cervical epidural steroid injection with facet injection C5-7 quantity 2.00 has been deemed not medically necessary; therefore, all the associated services, such as the request for Physical therapy for the cervical spine quantity 9.00, is likewise not medically necessary.

**Pre-op labs UA,PREG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab testing)

**Decision rationale:** The dependent request of Cervical epidural steroid injection with facet injection C5-7 quantity 2.00 has been deemed not medically necessary; therefore, all the associated services, such as the request for Pre-op labs UA,PREG, is likewise not medically necessary.

**Cervical epidural steroid injection with facet injection C5-7 quantity 2.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient complained of left-sided neck pain radiating to the left upper extremity. However, there were no objective findings of radiculopathy. Likewise, cervical MRI did not show significant findings consistent with radiculopathy. The guideline requires presence of objective radiculopathy corroborated by imaging studies. Furthermore, there was no objective evidence of trial and failure of conservative treatments to manage pain. The medical necessity has not been established because guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Cervical epidural steroid injection with facet injection C5-7 quantity 2.00 is not medically necessary.