

<b>Case Number:</b>	CM13-0034359		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/14/2008
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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:

This patient is a 53-year-old male who reported an injury on 06/14/2008. The documentation submitted for review indicates the patient to have a history of significant conservative therapeutics and ultimately a cervical disc replacement at C5-6 in 2011. Notes indicate that the patient has recovered well from surgery and has had near complete relief of radiculopathic symptomatology; however, the patient continues to experience severe axial pain. Notes indicate that, in 04/2013, the patient underwent a radiofrequency ablation of the nerves innervating the left-sided cervical facet at C4-5; however, the patient's pain persisted caudally to that level. Notes indicate that a second facet treatment was requested; however, it was denied. Notes indicated that other treatments have consisted of a Botox injection to the cervical paraspinal musculature as of 06/2013, which provided 50% reduction in baseline cervical axial pain, with the patient returning in 09/2013, indicating that he began to experience pain and a trending recurrence. In 10/2013, the patient underwent the next in a series of botulism toxin neurolysis of the affected cervical paraspinal musculature, with notes indicating that the patient returned as of 11/18/2013, stating that he has experienced some pain relief, though significantly less than the initial set of injections. Relative clinical findings of the patient include limited range of motion of the lumbar spine, paravertebral hypertonicity and tenderness, negative Spurling's sign, and positive cervical facet loading bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Diagnostic Cervical Medial Branch Block of all levels affected and either possible intra-articular facet injections or radiofrequency ablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** CA MTUS/ACOEM Guidelines state that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The documentation submitted for review indicates that this patient has a prior history of radiofrequency ablation of the nerves innervating the left side of the cervical facets at C4-5; however, the patient's pain persisted. Furthermore, the request for possible intra-articular facet injections or radiofrequency ablation is not supported, given that the diagnostic cervical medial branch blocks are not supported. Given the above, the request for Injection Diagnostic Cervical Medial Branch Block of all levels affected and either possible intra-articular facet injections or radiofrequency ablation is not medically necessary and appropriate.

**Physical Therapy three times a week for four weeks, Neck Quantity-12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The most recent clinical visit submitted for review fails to detail a clear clinical rationale for physical therapy for this patient. The patient is noted to have limitation in range of motion, as well as cervical paraspinal muscle spasm and tenderness. However, the current request for physical therapy for 12 visits exceeds the recommendation of the guidelines. Given the above, the request for Physical Therapy three times a week for four weeks, Neck Quantity-12 is not medically necessary and appropriate.

**Durable Medical Equipment continued use of H-Wave, Neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Page(s): 117.

**Decision rationale:** CA MTUS states that H-wave stimulation is not recommended as an isolated intervention, but that a one month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is a lack of documentation indicating that the patient currently has a program of functional restoration with which the H-wave unit would be used as an adjunct treatment. Also, there is a lack of documentation of failure of initially recommended conservative care including physical therapy, medications, and use of a TENS unit or to demonstrate prior benefit with use of an H Wave unit. Given the above, the request for Durable Medical Equipment continued use of H-Wave, Neck is not medically necessary and appropriate.