

Case Number:	CM13-0039365		
Date Assigned:	12/18/2013	Date of Injury:	05/11/2011
Decision Date:	02/03/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 Management and is licensed to practice in Georgia. 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:

The claimant is a 25-year-old female presenting with chronic headaches, neck, and back pain following a work-related injury on May 11, 2011. The pain is described as pounding, pressure headache associated with blurry vision and nausea. The claimant reports five headaches a week at a severity level of mild. Neck pain is described as severe, nine out of ten pain, aching, burning, pounding, radiating, sharp, shooting, stabbing, throbbing, tingling, numbness, spasms, stiffness, and shooting down both arms. The pain is associated with back stiffness and radicular pain in the right and left arm. The pain is exacerbated with turning the neck to last and right. The low back pain is described as severe, eight out of ten, aching, burning, throbbing, shooting down both legs, shocking, pinching, and stinging. The pain is exacerbated by standing and sitting. The pain is associated with back stiffness. The physical exam was significant for decreased light touch sensation bilaterally in the dermatomes of L4-5 and C6 and C8, pain to palpation over C2-C3, C3-4, and C4-5 facet capsules, bilateral myofascial pain with triggering, ropy fibrotic bending, positive Spurling's maneuver, positive maximal foraminal compression test bilaterally and pain with Valsalva. There is also increase in pain response to testing, decreased strength of the right upper extremity, increased pain to palpation over spinous process, and decreased range of motion. Magnetic resonance imaging (MRI) of the cervical spine was significant for degenerative disc disease without neural foraminal compression at C3-4, C4-5 and C5-C6. Magnetic resonance imaging (MRI) of the lumbar spine was significant for degenerative disc herniation and significant spinal stenosis with disc dehydration. Magnetic resonance imaging (MRI) of the brain was significant for mild asymmetric volume loss of left hippocampus. Electromyography nerve conduction study was significant for C5-6 cervical radiculopathy bilaterally, right carpal

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Masage therapy two times twelve weeks-neck and back (upper): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Message therapy two times twelve weeks-neck and back (upper)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS), Massage therapy is considered manual therapy. This therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy as well as the use in the treatment of muscular skeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For low back pain manual therapy is recommended as an option. Therapeutic care requires a trial of six visit over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks. Elective maintenance care is not medically necessary. For recurrences/flareups the need to reevaluate treatment success, if return to work achieved then one to two visits every four to six months. A request for massage therapy two times for twelve weeks does not meet California Medical Treatment Utilization Schedule (MTUS) guidelines. The request exceeds the eighteen visits over six to eight weeks and there was not a request for an additional trial period of six visits over two weeks for which a functional evaluation follows to detemine is more visits would be efficacious.

Dorsal diagnostic blocks bilateral at C3-4,C4-5 and C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and The Occupation medicine practice guidelines.

Decision rationale: Dorsal diagnostic blocks bilateral at C3-4, C4-5 and C5-6 is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with low back pain that is nonradicular and had no more than two levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and Nonsteroidal anti-inflammatory drugs (NSAID) is required at least four to six weeks prior to the diagnostic facet block; no more than two facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least four hours prior to the diagnostic block and

for four to six hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may cloud the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as Visual analogue scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. In this case dorsal diagnostic blocks bilateral at C3-4, C4-5 and C5-6 is not medically necessary as it does not meet Official Disability Guidelines (ODG) criteria in that three injection levels have been requested and Official Disability Guidelines (ODG) only recommends two levels. Additionally, there is lack of documentation for the length of time at which conservative therapy has failed including a trial of Nonsteroidal anti-inflammatory drugs (NSAIDs) and physical therapy. Official Disability Guidelines (ODG) requires at least four to six weeks of failed physical therapy prior to the procedure. The requested service is therefore not medically necessary.