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| Case Number: | CM13-0053144 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/29/2012 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 45 year old woman with an injury date of 10/29/12. She was evaluated by her physician on 10/17/13 for complaints of 6/10 neck pain radiating to both arms and headache. She was injured when a pole fell on top of her head and she fell to the ground. She is status post numerous diagnostic and treatment modalities including radiographs and MRI of her cervical spine, chiropractic care and physical therapy referral which she did not complete. Functionally, she was independent with ADLs and ambulated without an assistive device. Her medications included atorvastatin and ibuprofen. On review of systems, she admitted to poor energy and poor sleep, headache and depression. Her physical exam was significant for anxiety. She had limited cervical range of motion and spasm in the paravertebral muscles. Spurling's maneuver caused pain in her neck muscles but with no radicular symptoms. She was conscious, alert and oriented x four with normal speech. Her motor exam was 5-/5 in her upper extremities with decreased sensation to pin prick over C3 - T1 dermatomes. her diagnoses were cervical radiculopathy, pain, facet syndrome and strain, headache, postconcussion syndrome and spasm of muscle. Multiple recommendations included tizanidine for muscle spasms, physical therapy, acupuncture, EMG/NCS of upper extremities, neuropsychology assessment and treatment and cervical epidural injection, all of which are in review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 total physical therapy treatment, 2 times per week for 6 weeks for cervical range of motion, stretching, and home exercise modalities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used for over two months as a modality and a self-directed home program should be in place. She is independent with ADLs and mobility. She was referred to physical therapy in the past and did not complete the treatments. The records do not support the medical necessity for 12 physical therapy visits in this individual with chronic neck pain and headaches.

12 acupuncture treatments: 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 Page(s): 4, 8-9.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. In this injured worker, the medical records do not support the medical necessity for 12 acupuncture treatments.

1 EMG/NCS test of bilateral upper extremities to evaluate cervical radiculopathy or to rule out and carpal tunnel screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may

include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). This injured worker has already had a cervical MRI to identify structural abnormalities. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities.

1 referral to neuropsychologist to assess and treat for possible mild traumatic brain injury:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This injured worker has a history of head trauma and headaches. Patient rehabilitation after traumatic brain injury is divided into two periods: acute and subacute. In the beginning of rehabilitation therapist evaluates patient's functional status, later he uses methods and means of treatment, and evaluates effectiveness of rehabilitation. Early ambulation is very important for patients with coma. Therapy consists of prevention of complications, improvement of muscle force, and range of motions, balance, movement coordination, endurance and cognitive functions. Early rehabilitation is necessary for traumatic brain injury patients and use of therapy methods can help to regain lost functions and to come back to the society. (Colorado, 2005) (Brown, 2005) (Franckeviciute, 2005) (Driver, 2004) (Shiel, 2001) Her mental status exam and 'higher functions' exam did not reveal any abnormalities nor did her review of systems. She is independent with mobility and ADLs. The records do not support that she has functional impairment due to a 'mild traumatic brain injury' nor do they support the medical necessity for assessment and treatment by a neuropsychologist.

1 request for cervical epidural injection, site C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Per the MTUS, epidural spine injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. 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. There is little information on improved function. [REDACTED] recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that she has failed conservative treatment with exercises, physical methods, NSAIDS etc. The records do not support the medical necessity for a cervical epidural injection.

1 prescription of Tizinidine 2mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Zanaflex or tizinidine is muscle relaxant used in the management of spasticity. This injured worker has chronic neck pain and headache with muscle noted on exam. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time and prolonged use can lead to dependence. Other non-pharmacologic treatment modalities have not been trialed first for the spasms. The tizinidine has been prescribed for long-term use and medical necessity is not supported in the records.