MAXIMUS Federal Services

Case Number:	CM13-0056898		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2006
Decision Date:	04/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 69-year-old female who reported a work-related injury on 10/21/2006. The patient is status post cervical spine surgery with posterior fusion and internal fixation and has residual chronic pain. She is also status post head injury with neck fracture and has neck pain with cervical radiculopathy secondary to cervical disc disease with degenerative arthritis of the cervical spine. The patient continues to have significant to severe neck pain with headaches and stiffness. The patient also has mid- back pain with thoracic disc disease and degenerative arthritis of the thoracic spine and has low back pain with lumbar disc disease and bilateral knee pain with degenerative arthritis. Physical exam of the cervical spine revealed decreased range of motion and severe facet joint tenderness bilaterally from C2 to C4 with positive provocation test. Upper extremity reflexes were diminished on the right and normal on the left and sensory exam was found to be grossly intact to touch. A request has been made for RFA of innervations to the cervical facets, carotid ultrasound to rule out carotid plaques or stenosis, and outpatient physical therapy and aquatic physical therapy 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

RFA OF INNERVATIONS TO THE CERVICAL FACETS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: The Official Disability Guidelines state criteria for use of cervical facet radiofrequency neurotomy requires a diagnosis of facet joint pain with physical findings to include axial neck pain, tenderness to palpation in the paravertebral areas over the facet region, decreased range of motion, and absence of radicular and/or neurologic findings. Per physical exam of the patient, she was noted to have radicular findings and had cervical radiculopathy secondary to cervical disc disease. The patient had a positive provocation test with decreased reflexes. In addition, Guidelines state that 1 set of diagnostic medial branch blocks is required with a response of greater than 70%. Per clinical documentation submitted, the patient was noted to have undergone right and left cervical medial branch nerve blocks at the levels of C5, C6, and C7 on 10/30/2013 and 11/2013/2013. The results of these medial branch blocks for the patient were not included with the request for a radiofrequency ablation. In addition, there was no documentation of a failure of recent conservative treatment to include home exercise, physical therapy, and NSAIDs per Guideline criteria for facet joint radiofrequency neurotomy. As such, the decision for RFA of innervations to the cervical facets is non-certified.

CAROTID ULTRASOUND TO RULE OUT CAROTID PLAQUES OR STENOSIS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Ultrasound, diagnostic (imaging)

Decision rationale: The Official Disability Guidelines state that ultrasound is not recommended. In uncomplicated back pain, its use would be experimental at best. According to a case series, in patients receiving steroid injections for lower cervical radicular pain, the ultrasound guided selective cervical nerve root blocks were as effective as fluoroscopy guided transforaminal blocks in pain relief and functional improvements. In addition, there was no rationale provided for the request for carotid ultrasound in the medical records provided for review. As such, the decision for carotid ultrasound to rule out carotid plaques or stenosis is non-certified.

OUTPATIENT PHYSICAL THERAPY AND AQUATIC PT 2X4: Upheld

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

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

Decision rationale: Per recent clinical documentation, it was unclear how many physical therapy treatments the patient has had to this date. Her most recent physical therapy was not submitted with the request to determine the efficacy of these treatments. In addition, aquatic therapy is specifically recommended where reduced weight bearing is desirable. There was no rationale given for aquatic therapy for the patient and there was no documentation stating that reduced weight bearing was desirable for the patient. In addition, the body part was not noted in the request for physical therapy for the patient. Therefore, the decision for outpatient physical therapy and aquatic PT 2x4 is non-certified.