

<b>Case Number:</b>	CM14-0013648		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Texas. 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 66 year old female who sustained an industrial injury on 12/12/2002. She has past surgical history of ACDF at C5-C7. A prior peer review dated 1/21/2014 certified the request for EMG/NCS of the upper extremities. The requested PT 2x8 to neck/left shoulder, chiro treatment 12-16 sessions, and occipital nerve blocks for headaches were denied. Left-sided C4-5 and C7-T1 intralaminar epidural injections were administered on 8/15/2013. The patient was recently seen for routine follow-up on 1/14/2014 regarding ongoing complaint of neck and left shoulder pain. Exacerbating factors are head turning, sitting more than 20 minutes. She states taking Topamax makes pain more tolerable, and she presents for refill of Topamax. She reports occasional bilateral UE numbness when lying down and constant left hand numbness. She was initially seen 7/3/2003 for neck and shoulder pain status post C5-C7 ACDF with left trapezius and shoulder pain. At 10/01/2013 visit she reported continued dull HA s/p the CESI done on 8/15/2013. At 12/11/2012, she reported continued neck and shoulder pain with numbness/tingling in the hands. She had been working with a therapist for approximately 6 months, which helped. At the 4/9/2013 visit, she reported she had been working with a neuromuscular therapist, which helped. Symptoms continued unchanged. On physical examination, she has loss of cervical lordosis, tenderness over left cervical spine paraspinals, trapezius, and rhomboids, limited cervical ROM, 5/5 motor strength, intact sensation, and 2+ and symmetrical DTRs. She has positive left Spurling's. MRI reportedly reveals C4-5 and C6-7 adjacent segmental degeneration with spondylosis. Diagnoses are chronic postoperative pain; post laminectomy syndrome, cervical; radiculitis, cervical; spondylosis, cervical; cervicgia; pain in soft tissue of limb; and insomnia. Plan includes Ambien, Topamax, request EMG/NCS, PT, recommend chiropractic, request greater and lesser Occipital nerve blocks for headaches, off work status, follow up in 4-6 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PT 2X8 TO NECK/LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Exercise Page(s): 98-99, 46-47..

**Decision rationale:** The CA MTUS states: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. According to the CA MTUS guidelines, a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on- going exercise regime. The patient is more than 12 years status postdate of industrial injury, and more than a decade post C5-C7 ACFD. The patient has undergone extensive care to date. The medical records do not establish that she presents with a recent exacerbation or new injury. There is no mention of self-directed home exercise program, which should be utilized by this patient with history of a very remote injury. It is not established that return to attended care is clinically indicated. At this juncture, utilization of a self-care program should be encouraged, and would be equally efficacious to maintain functional status. Therefore the request is not medically necessary.

### **CHIROPRACTIC TREATMENT 12-16 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The CA MTUS guidelines recommend Manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Reportedly the

patient had good response to prior chiropractic care. However, the medical records do not provide adequate documentation regarding her prior history of chiropractic care. It is unclear when she last attended chiropractic, the number of sessions completed, and there is lacking documentation supporting she obtained clinically significant functional improvement with prior chiropractic care. Furthermore, the minimal findings on examination do not establish significant deficits exist as to support consideration for additional treatment. Therefore the request is not medically necessary.

### **OCCIPITAL NERVE BLOCKS FOR HEADACHES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, GREATER OCCIPITAL NERVE BLOCK (GONB)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Greater occipital nerve block (GONB) diagnostic, therapeutic

**Decision rationale:** According to the Official Disability Guidelines, Greater occipital nerve block (GONB) is under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Current reports of success are limited to small, non-controlled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Difficulty arises in that occipital nerve blocks are non-specific. This may result in misidentification of the occipital nerve as the pain generator. In addition, there is no research evaluating the block as a diagnostic tool under controlled conditions (placebo, sham, or other control). The medical records do not provide any adequate details regarding the patient's headaches. The medical records do not indicate the purpose of the occipital block is for diagnosis. In addition, the procedure is currently under study and there is lack of evidence to support the procedure is any lasting or sustained benefit. The medical records do not establish failure or exhaustion of non-invasive measure. Therefore the request is not medically necessary.