MAXIMUS Federal Services

Case Number:	CM14-0016875		
Date Assigned:	04/11/2014	Date of Injury:	05/11/2011
Decision Date:	05/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 29 year old female who had a work injury that involved a 400 pound cranial blow. The date of injury of 5/11/11. Her assessment includes status post cranial blow with 400 pounds, neurocognitive decline, and significant cervicogenic migraine-like headaches. She likely also has headaches associated with direct cranial blow. She has facet capsular tears and disc disruption of cervical spine and the lumbosacral spine. There are requests for a Dorsal Rami Diagnostic Block C3-4, C5-6, Home health 3 x 6, Echocardiogram and halter monitor and massage therapy 2 X 6 (Cervical). There is a 10/11/13 document that states that the patient has migraines and cervical pain. The pain is described as aching, burning, intractable radiating, sharp, with numbness, spasms, stiffness and shoots down both arms. Patient is experiencing back stiffness and radicular pain in right and left arm. The patient indicates turning the neck worsens symptoms. She also complains of low back pain which is described as aching, burning, throbbing, and shoots down both legs. The back pain is located in the lumbar area, right leg, left leg and mid back. She also presents for follow-up evaluation of anxiety and panic attacks.Severity of condition is a 7 on a scale of 1-10 with 10 being the worst, controlled and with medications. On physical exam the patient is in no apparent distress. Her head is normocephalic, atraumatic. Gait and station examination reveals mid position without abnormalities. Inspection and palpation of bones, joints and muscles is unremarkable. Psychiatric exam reveals- orientation x 3 with mood and affect appropriate to situation. Testing of cranial nerves reveals no deficits.She has a substantial increase in pain response to testing and decreased strength to the right upper extremity and increased pain to palpation over the spinous processes, and decreased ROM. There is no change in her presentation .The patient is vascularly intact. She does have severe findings/worsening left CTS symptoms with a decrease in strength to testing.

She had an MRI of her cervical spines showing mild degenerative disk disease without neural foraminal compression at C3-C4, C4-C5, and C5-C6 reversal of the normal cervical lordosis based on the MRI on 06/22/2012. A review of the films does indicate decreased hydration C3-C4, C4-C5, and C5-C6 potentially minor disk bulging. MRI of the lumbosacral spine on 06/22/2012 showed unremarkable levels of L 1-L2, L2-L3, L3-L4, L4-L5,and 1,5-S1. Degenerative disk herniation and significant spinal stenosis is seen with disk dehydration and hydration characteristics MRI of the brain shows mild asymmetric volume loss of left hippocampus, which is otherwise normal, may be due to normal variant developing mesial temporal sclerosis cannot be excluded but no acute infarct, intracranial hemorrhage, mass, or hydrocephalus. There is a 12/30/13 progress note states that the patient presents for re-evaluation of migraine headache. Severity of the headache is mild and she has 5 headaches a week. Headache pain is described as pounding pressure with blurry vision, and nausea. She also presents for cervical pain. The cervical pain is described as pounding, radiating, shooting, tingling, numbness, shooting down the arms. There is back stiffness and radicular pain in the right and left arm. The patient has back pain in the lumbar area, right leg, left leg, and mudpack. The patient is markedly worse with trigger point injections. Objectively, there is decreased sensation in the L5, L4, C6, and C8 dermatomes bilaterally. There is pain to palpation over the C2-3, C3-4, and C4-5 facet capsules with positive Spurling's maneuver, positive maximal foraminal compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

DORSAL RAMI DIAGNOSTIC BLOCK C3-4, C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-) Neck and Upper Back- Facet Joint Diagnostic Blocks.

Decision rationale: Dorsal rami diagnostic block C3-4, C5-6 is not medically necessary per the MTUS and ODG guidelines The California MTUS ACOEM guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain but that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG neck and upper back chapter states that diagnostic facet blocks should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. The documentation submitted reveals physical exam and electrodiagnostic studies revealing radicular symptoms and pathology. The request for dorsal rami diagnostic block C3-4, C5-6 is therefore not medically necessary.

HOME HEALTH, 3 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Home Health Services Page(s): 51.

Decision rationale: Home health 3 x 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that home health is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. There is no documentation that the patient is homebound. There is no documentation that the patient needs medical treatment provided by home health. The request of home health 3x 6 is not medically necessary.

ECHOCARDIOGRAM AND HOLTER MONITOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin, Holter Monitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin.

Decision rationale: Echocardiogram and holter monitor are not medically necessary. The California MTUS and ODG were reviewed and do not address these items. The Clinical policy from Aetna were reviewed. Per Aetna guidelines, Aetna considers Holter monitoring medically necessary for diagnostic evaluation of members with any of the following symptoms or conditions: As a method to assess treatment effectiveness in individuals with baseline high frequency, reproducible, sustained, symptomatic premature ventricular complexes, supraventicular arrhythmias or ventricular tachycardia; or Autonomic cardiac neuropathy associated with diabetes mellitus; or Idiopathic hypertrophic or dilated cardiomyopathy; or In individuals with pacemakers to assess paroxysmal symptoms, myopotential inhibition, pacemaker medicated tachycardia, anti-tachycardia pacing device functioning, rate-responsive physiologic pacing function; or Individuals with pain suggestive of Prinzmetal's angina; or Post myocardial infarction with left ventricular dysfunction; or Symptoms related to rhythm disturbances (e.g., frequent palpitation, syncope, unexplained dizziness, frequent arrhythmias). Aetna considers Holter monitoring experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established. Aetna considers color-flow Doppler echocardiography in adults experimental and investigational for all other indications because its effectiveness for these indications has not been established. The documentation submitted does not reveal the above clinical indications for either echocardiogram or Holter monitor and therefore the request for echocardiogram and Holter monitor are not medically necessary.

MASSAGE THERAPY (CERVICAL), 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Massage Therapy Page(s): 60.

Decision rationale: Massage therapy (cervical) 2 X 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the guidelines this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases .Additionally, the California MTUS guidelines state that scientific studies show contradictory results. The request for therapy 2 x 6 exceeds the recommendation guidelines. It is unclear from documentation submitted if the patient has had former treatment of massage therapy. There is no documentation that this is an adjunct to other treatment such as exercise. The request for massage (cervical) therapy 2 x 6 is not medically necessary.