

Case Number:	CM14-0017911		
Date Assigned:	04/16/2014	Date of Injury:	11/22/2012
Decision Date:	06/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/12/2014

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 and is licensed to practice in California. 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 45 year old female who was injured on 11/22/2012. She slid across the dining room floor on her heels until finally her legs went out from under her and she went up in the air and landed on her mid back jarring her neck. Diagnostic studies reviewed include MRI of the cervical spine without contrast, June 4, 2013 revealed right paracentral disc protrusion at the C6-C7 level causing spinal cord compression and borderline spinal stenosis at the C5-C6 level. PR2 dated 03/14/2014 notes the patient states she continues to have the same pain in the shoulder. Her head feels like it weighs too much for her neck. Sometimes pain feels really bad. The pain shoots down the left arm, past the elbow. She is taking Norco 10, Soma, Neurontin, and orthosesic. On exam her range of motion is -10;-20 pain B; B. C5-C6; 4/5, positive Spurling's bilateral arms. Diagnosis is upper arm joint pain; shoulder joint pain; lumbar sprain/strain; and cervicgia. The treatment plan is C5-7 fusion which is denied and dispensed orthosesic gel. Initial Orthopedic Consultation dated 12/20/2013 states the patient has complaints of intermittent headaches. She has pain in the left shoulder, left elbow, left forearm, left hand, and upper back. She is taking Gabapentin, Norco 10, Soma, and Voltaren. On exam, there is no gross tenderness of the posterior neck muscles or anterior neck muscles. There are trigger points noticeable in the posterior neck area bilaterally. On palpation, there was evidence of bilateral trapezial spasm noted. Rotational movement of the neck did not elicit specific numbness into the hands or shoulder. Spurling's test was positive of both shoulders and at the left elbow and left hand. There was general muscle weakness secondary to pain of the cervical spine bilaterally. The shoulders had good motion with flexion, extension and abduction. There are no complaints of weakness during the examination. There are no associated complaints of numbness or pain into the hands with shoulder motion. The patient was noted to move the elbows freely. There are no complaints of tenderness or pain and no complaints of sensory disturbances. There is full motion of the

hands with the fingers coming down to the mid palmar crease fully. There are no gross weaknesses. No complaints of numbness of the fingers are noted. There is no loss of motion involving the wrists and there were no complaints of painful clicks. There was decreased sensation to the cervical C7-C8 level on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL EPIDURAL STEROID INJECTION AT LEVEL C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: CA MTUS guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). As per the guidelines, the criteria for the use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not provide corroborative objective findings of active cervical radiculopathy.

OUTPATIENT CERVICAL FACET BLOCK INJECTIONS AT LEVEL C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK, FACET JOINT THERAPEUTIC STEROID INJECTIONS; FACET JOINT DIAGNOSTIC BLOCKS.

Decision rationale: With regard to cervical facet blocks, the CA MTUS/ACOEM states, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." According to ODG, Facet joint therapeutic steroid injections are not recommended. Facet joint injections are only recommended as diagnostic tool. The medical records do not demonstrate the patient presents with subjective complaints and clinical findings consistent with signs and symptoms of facet-mediated pain.

POST-OPERATIVE PHYSICAL THERAPY 3X2: 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 PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: CA MTUS: 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 ODG Physical Therapy Guidelines - Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week The medical records have not established the patient is candidate for either of the proposed interventional injection procedures. Consequently, post-op physical therapy is not indicated.

LAB- UA: 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 OPIOIDS, INDICATORS FOR ADDICTION Page(s): 87-91.

Decision rationale: CA MTUS - 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources (g) Is there indication for a screening instrument for abuse/addiction. According to the 4/11/2014 progress report, a urine toxicology screen was performed to monitor the patient's compliance with the pharmaceutical treatment regimen. According to the guidelines, urine toxicology screenings should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In the case of this patient, the medical records do not provide any specifics regarding the patient's medication regimen. In addition, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Based on this and absence of support within the evidence based guidelines, it does not appear that a lab urinalysis is medically necessary.