MAXIMUS Federal Services

Case Number:	CM14-0110058		
Date Assigned:	09/19/2014	Date of Injury:	04/25/2012
Decision Date:	10/20/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 56-year old employee with date of injury of 4/25/2012. Medical records indicate the patient is undergoing treatment for cervicalgia and lumbago. Subjective complaints include low back pain that is aggravated with pushing, pulling, prolonged sitting or standing and walking multiple blocks. The patient's pain is dull and radiates to lower extremities. He says his low back pain is improving, rating it a 5/10. His cervical spine pain is "sharp" and is worsened with repetitive motions of the neck or working at shoulder level. His cervical spine pain radiates into the upper extremities and is the cause of migraine headaches. His cervical pain is worsening. Objective findings include paravertebral tenderness with spasm and a seated root test was positive. Range of motion standing flexion and extension are guarded and restricted. There is was no evidence of stability on exam. A positive axial loading compression test was noted. Spurling's maneuver was positive. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb which correlates with a C6 dermatomal pattern. There is 4 strength in the wrist extensors and biceps, C6 innervated muscles. There is tingling and numbness in the middle finger which correlates with C7 dermatomal pattern. There is 4 strength in the wrist flexors, triceps and finger extensors, C7 innervated muscles. Treatment has consisted of facet block, Tramadol, Anaprox, Prilosec, Imitrex, Zofran and Flexeril. The utilization review determination was rendered on 6/20/2014 recommending non-certification of a consult with pain management for cervical spine blocks & Rhizotomy and Physical Therapy 2 times per week for 6 weeks for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with pain management for cervical spine blocks & rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visit

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible".ACOEM additionally states concerning neck complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A medical history suggestive of pathology originating somewhere other than in the cervical area may warrant examination of the head, shoulder, or other areas.Cervical nerve root irritation can be demonstrated by depressing the clavicle or deeply palpating the posterior triangle of the neck. This maneuver should reproduce the patient's symptoms and signs if the cervical nerves are the source of neurologic symptoms and signs."While the patient does have evidence of radiculopathy and a cervical spine MRI does show multilevel disc protrusion with nerve root compression, that patient has not failed a trial of conservative treatment to include physical therapy. Thus a referral to a pain management specialist for a cervical spine block and Rhizotomy are not medically necessary at this time. As such, the request for Consult with pain management for cervical spine blocks & Rhizotomy is not medically necessary.

Physical Therapy 2 times per week for 6 weeks for cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194,Chronic Pain Treatment Guidelines Physical Therapy, Physical

Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapy unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The request for 12 sessions is in excess of guideline recommendation of six initial visits. As such, the request for Physical therapy 2 times per week for 6 weeks for cervical and lumbar spine is not medically necessary.