

Case Number:	CM14-0119765		
Date Assigned:	08/06/2014	Date of Injury:	02/16/2012
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Pain Management 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:

This is a female patient with a date of injury of February 16, 2012. A utilization review determination dated July 2, 2014 recommends non-certification of postoperative physical therapy for three times per week for six weeks for the cervical spine, and C 2 - C 3 left facet block injection. A progress note dated May 28, 2014 identifies subjective complaints of ongoing cervical spine pain on the left side with radiation of pain along the left upper extremity, continued weakness of the left shoulder upon rotation, and episodes of headaches. Physical examination identifies deferred assessment of cervical spine range of motion, anterior cervical spine scar is clean dry and intact, bilateral upper extremity tendon reflexes are 2+, and bilateral upper extremity motor strength testing is 5/5. Diagnoses include status post anterior cervical discectomy and fusion at C 5 - C 6 and C 6 - C 7 done on February 26, 2014, left lower extremity radiculopathy, lumbar spine degenerative disc disease with L5 - S1 central disc herniation and left paracentral disc herniation with left neuroforaminal narrowing, left arm soreness, left C 2 - C 3 facet arthropathy, C 6 - C7 unciniate process hypertrophy with bilateral neuroforaminal narrowing. The treatment plan recommends postoperative physical therapy three times a week for six weeks to the cervical spine, consideration for a future general orthopedic surgical consultation to address the left shoulder and left shoulder impingement related issues, and a request for a left C 2 - C 3 facet block injection to assess the pain generation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 3 times a week for six weeks to Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for post-operative physical therapy 3 times a week for 6 weeks for the cervical spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Furthermore, there is no documentation stating the number of therapy sessions already completed. In the absence of such documentation, the current request for post-operative physical therapy 3 times a week for 6 weeks for the cervical spine is not medically necessary.

C2 - C3 Left Facet Block Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

Decision rationale: Regarding the request for a C2-C3 left facet block injection, guidelines suggest that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBB. Guidelines do not recommend facet joint therapeutic injections. The guidelines go on to state that medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, there are no objective findings of facetogenic pain. Additionally, it is unclear exactly what conservative treatment has been attempted to address the patient's cervical facet joint pain. Finally, there is documentation of subjective complaints of radiating pain in the left upper extremity, which may represent

radiculopathy. In the absence of clarity regarding these issues, the currently requested C2-C3 left facet block injection is not medically necessary.