

Case Number:	CM14-0178421		
Date Assigned:	10/31/2014	Date of Injury:	07/03/2012
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine 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 52-year-old female with a 7/3/12 date of injury. According to an appeal note dated 10/20/14, the patient has had a recent flare of intermittent, moderate, to severe neck pain with sensory deficits in the bilateral upper extremities. The provider was not requesting treatment for her radiculopathy symptoms but to address her facet arthropathy. Pain management is an essential component of the patient's spine rehabilitation program. With documented functional response on the initial facet block, the second therapeutic facet block is deemed a favorable nonsurgical option for the patient's chronic neck pain. She has been treated conservatively with pharmacologic treatment, which was also helpful in pain control. The patient has completed 12 sessions of physical therapy over the last 2 years. Given her exam findings, which remained abnormal for decreased range of motion, the provider has requested additional therapy so that meaningful pain relief and improved range of motion may be achieved. Objective findings: restricted range of motion in all planes of the cervical spine. Diagnostic impression: status post C6 through T1 bilateral laminotomy and foraminotomy, improvement of left upper extremity symptoms, worsening right upper extremity symptoms. Treatment to date: medication management, activity modification, physical therapy, cervical facet block, surgery. A UR decision dated 10/13/14 modified the request for management and treatment with pain management to certify a single pain management office visit. The requests for C5, C6, and C7 left sided facet block and 12 sessions of physical therapy were denied. Regarding pain management, medical records document a chronic injury and the patient is receiving active treatment as well as medication management. Therefore, a routine follow up would be appropriate and supported as medically necessary. However, the appropriateness of any proposed treatment cannot be determined until the follow-up visit is completed and a treatment plan is submitted for review. Therefore, the request is modified to certify a single office visit.

Regarding facet block, the patient has radiculopathy, which is an exclusionary criterion. There are neurological deficits on examination. Therefore, the patient is not a candidate for facet joint injections. Regarding physical therapy, the patient has a longstanding injury and has previously completed physical therapy. There is no clear documentation of musculoskeletal deficits in the current report that cannot be addressed within the context of an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Management and treatment with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Evaluation and management (E&M)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: CA MTUS does not address this issue. ODG states that 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, to monitor the patient's progress, and make any necessary modifications to the treatment plan. 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. However, in the present case, this request does not specify the number of pain management visits requested. The UR decision dated 10/13/14 modified this request to certify a single pain management office visit. Authorization of additional visits require documentation of the most recent visit in order to review the patient's condition and treatment plan. Therefore, the request for Management and treatment with pain management was not medically necessary.

C5, C6 and C7 left sided facet block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, facet joint diagnostic blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS states that cervical facet injections have no proven benefit in treating acute neck and upper back symptoms. MTUS does not recommend intra-articular injections for acute, sub-acute, and chronic regional neck pain. However, many pain physicians

believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. In addition, ODG states that regarding intra-articular blocks, no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. However, in the present case, there is no documentation that this patient has had any recent conservative treatments that have been ineffective. In fact, it is noted that pharmacologic treatment has been helpful and the provider has requested additional physical therapy. Guidelines do not support cervical facet injection to treat acute neck symptoms. A specific rationale identifying why this procedure would be required in this patient despite lack of guideline support was not provided. Therefore, the request for C5, C6 and C7 left sided facet block was not medically necessary.

Physical therapy, twelve (12) sessions (2x6): 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 Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Physical Therapy and on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. Guidelines support up to 10 visits over 8 weeks for sprains and strains of the neck. However, in the present case, this patient has already completed 12 physical therapy sessions, which exceeds guideline recommendations. In addition, there is no documentation that this patient has participated in an independent home exercise program to address her functional deficits since her previous course of physical therapy. Therefore, the request for Physical therapy, twelve (12) sessions (2x6) was not medically necessary.