

Case Number:	CM14-0038032		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2013
Decision Date:	08/07/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Hawaii. 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 60-year-old female with a date of injury on 3/1/2013. A review of the medical records indicates that the patient is undergoing treatment for cervical strain with cervical radiculitis and low back strain. Subjective complaints (6/20/2014) include posterior neck pain with radiation to extremities and low back pain with radiation to bilateral extremities. Objective findings (6/20/2024) include decreased range of motion to flexion, extension, rotation of cervical and lumbar spine, and 5/5 strength to upper extremity. MRI (9/8/2013) revealed right disc protrusion L3-4. Treatment has included Tramadol, Tylenol, and physical therapy (unknown number of sessions). A utilization review dated 3/7/3024 non-certified the request for R L3-4 selective nerve root block due to lack of supporting physical exam findings and 6 physical therapy visits, unspecified frequency for the neck due to lack of detailed outcomes of prior therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 Selective Nerve Root Block, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

Decision rationale: Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."In this case, the medical records do not document what conservative treatment for the low back was attempted, specifically exercises, physical methods, and muscle relaxants. If the treatments were been tried before, the records did not indicate the results of these conservative treatments. As such, the request for L3-4 Selective Nerve Root Block is not medically necessary and appropriate.

6 Physical Therapy visits, unspecified frequency for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy.

Decision rationale: The California MTUS guidelines for physical medicine guidelines and physical therapy recommends the following: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, the Official Disability Guidelines (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.In this case, the treating physician's request for authorization stated brief refresher course of physical therapy for the neck (6 visits). The patient has had prior physical therapy in the past for cervical neck. Medical documents do not indicate an acute reinjury of the neck that would warrant another '6 session trial' of neck physical therapy. Medical documents also do not indicate what 'exceptional factors' were met to justify additional physical therapy. As such, the request

for 6 physical therapy visits, (unspecified frequency for the neck) is not medically necessary and appropriate.