

Case Number:	CM14-0040562		
Date Assigned:	06/20/2014	Date of Injury:	03/06/2002
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 46-year-old female with a reported date of injury on 03/06/2002. The mechanism of injury reportedly occurred with the injured worker lifted 300 pounds in the course of performing job duties. The injured worker presented with pain in the left neck radiating to bilateral arms and radiating into the head resulting in migraines. The clinical note dated 10/10/2014 indicated that the injured worker had negative EMGs of the upper extremities. The clinical note indicated that the injured worker has previously participated in physical therapy, Botox, trigger points, cortisone shots, epidurals, and chiropractic care, the results of which were not provided within the documentation available for review. Upon physical examination, the injured worker's cervical spine range of motion revealed tender in cervicothoracic facets and decreased range of motion. The injured worker also presented with negative Spurling and Adson's test. The neurological exam revealed motor strength rated at 5/5 in the upper extremities. Reflexes were noted to be 2+ in the upper extremities. The cervical spine CT dated 10/30/2013 revealed no fracture or subluxation, postsurgical changes of the mid cervical spine with prior C5-6 and C6-7 intervertebral discectomy with interbody graft placement anterior plate and screw fixation. The successful fusion of the C6-7 disc space was noted. Additional multilevel multifocal degenerative changes were noted in the cervical spine. A CT of the thoracic spine dated 10/30/2013 revealed mild degenerative changes of the thoracic spine, no fracture or subluxation. The MRI of the thoracic spine revealed an essentially unremarkable MRI of the thoracic spine. An MRI of the lumbar spine dated 10/30/2013 revealed no spinal canal stenosis. There was minimal neural foraminal narrowing of the 4-5 level with mild facet degenerative disc disease at the L4-5 and L5-S1 level. Cervical MRI dated 10/30/2013 revealed no fracture or dislocation seen, cervical spine fusion with anterior plate and screws involving C4-5 and 6 vertebrae, anatomic posterior alignment, no spinal canal stenosis seen. Minimal neural foraminal

narrowing identified. There was no signal abnormality within the spinal cord. The injured worker's diagnosis included cervical spondylosis, cervical disc protrusion and cervical radiculopathy. The injured worker's medication regimen included gabapentin, Norco, and nortriptyline. The Request for Authorization for cervical medial branch blocks C7, thoracic medial branch blocks T1, T2, T3, and physical therapy 1 to 2 per week for 3 weeks was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical medial branch block C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Official Disability Guidelines state that facet joint diagnostic blocks should be used prior to facet neurotomy. Diagnostic blocks are performed with anticipation that a successful treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. The criteria for the use of diagnostic blocks for facet nerve pain includes: one set of diagnostic medial branch blocks is required with a response of greater than 70%, the pain response should be approximately 2 hours for lidocaine; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks; no more than 2 joint levels are injected in one session. According to the clinical documentation provided for review, the CT and MRI of the cervical spine were negative. According to the clinical note dated 12/10/2014 and 02/10/2014, the injured worker previously participated in physical therapy, Botox, trigger points, cortisone shots, and epidurals, as well as chiropractic care, the results of which were not provided within the documentation available for review. The guidelines state that there should be documentation of failure of conservative treatment. In addition, the guidelines state that there should be no more than 2 joint levels injected in 1 session. There is a second request for a thoracic medial branch at T1, T2, and T3. A rationale for the request was not provided within the documentation available for review. Therefore, the request for cervical medial branch block C7 is not medically necessary.

Thoracic medial branch block T1,2,3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Official Disability Guidelines state that facet joint diagnostic blocks should be used prior to facet neurotomy. Diagnostic blocks are performed with anticipation that a successful treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. The criteria for the use of diagnostic blocks for facet nerve pain includes: one set of diagnostic medial branch blocks is required with a response of greater than 70%, the pain response should be approximately 2 hours for lidocaine; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks; no more than 2 joint levels are injected in one session. The guidelines state that there should be documentation of failure of conservative treatment. In addition, the guidelines state that there should be no more than 2 joint levels injected in 1 session. A rationale for the request was not provided within the documentation available for review. Therefore, the request for thoracic medial branch block T1, T2, and T3 is not medically necessary.

Physical therapy 1-2 per week for 3 weeks: 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 Medicine Page(s): 98.

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend physical therapy at 8 to 10 visits over 4 weeks. The clinical documentation provided for review indicates the injured worker has undergone previous physical therapy, the results of which were not provided within the documentation available for review. The guidelines recommend 8 to 10 visits; the initial request for 6 visits would exceed the recommended guidelines. Therefore, the request for physical therapy 1 to 2 per week for 3 weeks is not medically necessary.