

<b>Case Number:</b>	CM14-0051572		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Neurological Surgery, 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:

The injured worker is a 41 year old female who had a work related injury on 06/19/08. Her symptoms occurred after working at the injured worker's work station while sitting for prolonged hours with reaching. The injured worker has had chiropractic treatment with no relief physical therapy minimal relief, medial branch blocks on 02/12/13 with decreased neck pain by 90% for 2 hours and radiofrequency ablation on 05/20/13 to the right C5-C6 and C6-7 levels providing significant relief for 10 months. Anti-inflammatory medications have been ineffective. Magnetic resonance image (MRI) of the cervical spine dated 06/25/12 showed straightening of the normal cervical lordosis. Vertebral bodies are of normal height and are normal signal intensity. The posterior elements included in the apophyseal joints appear normal. The cervical spinal cord is within normal limits for size and signal intensity. C2-3 the disc is normal height. No disc bulge or protrusions are identified. C3-4 the disc is of normal height. No disc bulges or protrusions are identified. C4-5 the disc is of normal height. No disc bulges or protrusions are identified. C5-6 mild decreased disc height is noted. A 2-3mm central disc bulge is noted. The bulging disc flattens the ventral aspect of the cervical spinal cord. No nerve root compression is identified. C6-7 the disc is of normal height. A 2 x 3mm central disc extrusion is noted. The extruded disc does not abut the cervical spinal cord. It extends caudally within the ventral aspect of the spinal canal. No nerve root compression is identified. C7-T1 the disc is of normal size, configuration of signal intensity with no evidence of protrusion or bulge. The most recent office visit dated 06/04/14 the injured worker rated her pain 3-4/10 for the neck. Worse with prolonged desk work activity such as typing, bending, prolonged sitting, and twisting her back when she is reaching. Physical examination of the cervical spine, right C5-6 and C6-7 levels have flexion, rotation, and side bending strain with paraspinal spasm. Spurling's sign is negative. She has intact light touch and pin sensibility. Motor strength is 5/5 throughout her upper extremities.

Range of motion is complete in all directions except for right lateral flexion 40 degrees with slight pain referring to the right side. There is slight pain upon right rotation. The diagnosis is cervical strain. Right C5-6 and C6-7 facet arthralgia. Degeneration of lumbar or lumbosacral intervertebral discs. Lumbar spondylolysis. Lumbar radiculitis right L4-5. Right rib strain The injured worker is also complaining of low back pain referring to her right hip. She has seen an orthopedist for options regarding surgery, She is currently not using any oral anti-inflammatories as she feels nauseated and has gastritis with the use of excessive amounts. Back pain is 5/10 in severity. MRI scan of the lumbar spine dated 10/14/13 revealed severe degeneration of L5-S1 with an HIZ zone. There is also mild right foraminal stenosis at L5-S1. Lumbar examination physical examination on 06/04/14 Kemp's sign is negative. Moderate palpation over the right more than left L4-5 and L5-S1 levels with flexion, rotation, and side bending strain and spasms. Bilateral seated straight leg raise is 90 degrees with no referral to lower extremities. Intact light touch and pin sensibility. Range of motion is complete in all directions with slight pain upon forward flexion and extension. Request is for radiofrequency ablation to the right C5-6 and C6-7, spine surgical consult and physical therapy x 6 visits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Radiofrequency ablation to the right Cervical 5-6 and Cervical 6-7: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Facet joint radiofrequency neurotomy.

**Decision rationale:** The request for radiofrequency ablation to the right Cervical 5-6 and Cervical 6-7 is medically necessary. The clinical documentation submitted for review does support the request. Radiofrequency ablation on 05/20/13 to the right C5-C6 and C6-7 levels provided significant relief, 10 months of relief. 10 months relief of symptoms is substantial, therefore medical necessity has been established.

#### **Spine surgery consultation: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127.

**Decision rationale:** The request for spine surgery consultation is medically necessary. The clinical documentation submitted for review supports the request for spine surgery consultation. She has seen an orthopedist for options regarding surgery. Magnetic resonance image scan of the lumbar spine dated 10/14/13 revealed severe degeneration of L5-S1 with a high intensity

zone. There is also mild right foraminal stenosis at L5-S1. The injured worker has been symptomatic since 2008, as such, medical necessity has been established.

**Physical Therapy times 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back Chapter, Neck Chapter, Physical therapy (PT).

**Decision rationale:** The request for physical therapy times 6 visits is not medically necessary. The injured worker has had physical therapy in the past with minimal relief. The request does not specify what the physical therapy would be for, therefore it is not medically necessary.