MAXIMUS Federal Services

Case Number:	CM14-0082255		
Date Assigned:	07/21/2014	Date of Injury:	10/20/2009
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehab, has a subspecialty in Interventional Spine 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 patient is a 55 year old with an injury date on 10/20/09. Patient complains of cervical pain/tightness, especially on the right side of cervical aspect per 4/3/14 report. Patient describes pain from scapular region radiating to her elbow per 4/3/14 report. Based on the 4/3/14 progress report provided by [redacted] the diagnoses are: continued neck, shoulder and right arm pain postoperative, ulnar nerve neuropathy on the right upper extremity, carpal tunnel syndrome. Exam on 4/3/14 showed full range of motion of C-spine with some tenderness especially to right side of cervical aspect where her right rotation is minimized. Patient is ambulating without assistance or discomfort. [redacted] is requesting cervical facet injection, physical therapy, and cervical traction for right trapezius. The utilization review determination being challenged is dated 5/16/14 and rejects request for physical therapy as patient should be well versed in home exercises after cervical surgery from August 2012. [redacted] is the requesting provider, and he provided treatment reports from 1/21/14 to 5/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC Neck & Upper Back Procedure Summary last updated 04/14/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG-TWC Neck Chapter, for facet joint injections; ODG Neck chapter online for Facet joint radio frequency neurotomy.

Decision rationale: This patient presents with neck pain. The treater has asked for cervical facet injection but the date of the request is not known. Regarding facet injections, ODG guidelines require non-radicular pain, normal sensory exam, a failure of conservative treatment, with no more than 2 levels bilaterally. Review of the report shows patient is diagnosed with neuropathy and displays radicular symptoms, for which a facet injection would not be indicated. In addition, there are not findings in the physical exam to confirm facet joint dysfunction such as lateralized pain. Therefore, the request is not medically necessary.

Physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC Neck & Upper Back last updated 04/14/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98, 99.

Decision rationale: This patient presents with neck pain. The treater has asked for physical therapy but the date of the request is not known. Review of the reports does not show any evidence of recent physical therapy treatments. Patient is limited in treatment options, as she is unable to take medications except Tylenol due to kidney disease and gastritis per 4/3/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treater has asked for physical therapy and there is no evidence that the patient has had any therapy in the recent past. The patient continues to be symptomatic with functional deficit. Therefore, the request is medically necessary.

Cervical traction right trapezius: 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): 173-174.

Decision rationale: This patient presents with neck pain. The treater has asked for cervical traction right trapezius but the date of the request is not known. Review of the reports does not show any evidence of using home traction unit in the past. Regarding home traction units, ACOEM states there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of such passive physical modalities. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. When reading ODG guidelines, cervical traction is indicated for radiculopathy due to disc herniation. In this case, the treater has asked for cervical traction right trapezius and not for radiculopathy. MRI is not described and there is no evidence of disc herniation with radiculopathy. Therefore, the request is not medically necessary.