

<b>Case Number:</b>	CM14-0197061		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/12/13 when, while working as a heavy machine operator, he turned to the right and had neck pain. He has not returned to work since the injury. Treatments have included medications, physical therapy, massage, acupuncture, trigger point injections, and psychotherapy. He was seen on 02/19/14. There had been mild improvement with chiropractic care. Physical examination findings included cervical and upper trapezius muscle tenderness and decreased cervical spine range of motion. There was decreased right upper extremity strength. Spurling's testing was positive bilaterally. Test results were reviewed with findings of right C6-7 radiculopathy by both Electrodiagnostic testing and MRI. Authorization for acupuncture two times per week for three weeks for the cervical spine for palliative purposes and for a cervical epidural steroid injection was requested. On 06/18/14 he had been seen for a surgery evaluation. Physical examination findings appear unchanged. There is reference to having failed treatments including physical therapy, a home exercise program, and medications. Authorization for a work hardening program was requested. He was seen by the requesting provider on 10/31/14. He was having ongoing chronic neck pain rated at 3-8/10. Medications were omeprazole, metformin, losartan, and hydrochlorothiazide. Physical examination findings included cervical spinous process and bilateral paraspinal muscle and facet joint tenderness. There was right greater than left trapezius and rhomboid muscle tenderness. He had bilateral shoulder tenderness with negative impingement testing. There was an antalgic gait. He had decreased cervical spine range of motion and limited right shoulder range of motion due to pain. There was decreased right upper extremity strength and sensation. There is reference to acupuncture and physical therapy as having been extremely helpful. Authorization for right-sided

cervical medial branch blocks, physical therapy, and acupuncture treatment was requested. There was consideration of a functional restoration program.

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

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

**Acupuncture 2x per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain. Testing has included and MRI of the cervical spine and Electrodiagnostic testing showing a right C6-7 radiculopathy. Prior treatments have included physical therapy and acupuncture. Acupuncture had been previously requested as a palliative treatment. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already received acupuncture treatments consistent with guidelines recommendations and there is no evidence of a rehabilitation program. Additional acupuncture treatment is not medically necessary.

**Physical therapy x 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment, Preface, Physical Therapy.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain. Testing has included and MRI of the cervical spine and Electrodiagnostic testing showing a right C6-7 radiculopathy. Prior treatments have included physical therapy and acupuncture. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore additional physical therapy was not medically necessary.

**Cervical Medial Branch Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine

**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 (Acute & Chronic), Facet joint diagnostic blocks

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain. Testing has included and MRI of the cervical spine and Electrodiagnostic testing showing a right C6-7 radiculopathy. The requesting provider documents decreased right upper extremity strength and sensation. Facet joint diagnostic blocks are recommended with the anticipation that, if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria include patients with cervical pain that is non-radicular after failure of conservative treatment such as physical therapy, non-steroidal anti-inflammatory medication, and a home exercise program. In this case, the claimant has testing results and physical examination findings consistent with radicular pain from cervical radiculopathy. Therefore, the requested cervical medial branch blocks do not meet the necessary criteria and are not medically necessary.