

Case Number:	CM15-0103360		
Date Assigned:	06/05/2015	Date of Injury:	04/22/2009
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old male who sustained an industrial injury on April 22, 2009. He has reported back pain and has been diagnosed with one-year post transacral lumbar fusion complicated by hardware perforation of viscous and subsequent wound infection and peritonitis, lumbar degenerative disc disease and lumbar radiculopathy, and cervicgia, cervical degenerative disc disease and right upper extremity radiculopathy. Treatment has included medications, physical therapy, surgery, and bracing. Examination of the lumbar spine showed a surgical incision. Range of motion was restricted by pain to 35 degrees of forward flexion, extension was to neutral, right lateral flexion 20 degrees and left lateral flexion 20 degrees. There was palpable lumbar paraspinous muscle spasm with myofascial trigger points and twitch response with referral of pain. The treatment request includes injections, Rhizotomy, physical therapy, cervical collar, and traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and C6-7 intra-articular facet injections with rhizotomy Qty: 1: 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, Diagnostic Blocks, Facet joint radiofrequency neurotomy; Official Disability Guidelines (ODG), Neck Chapter, Facet intraarticular injections.

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 Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections. Neck and Upper Back (Acute & Chronic) Chapter, and topic Radiofrequency Neurotomy.

Decision rationale: This patient present with neck and low back pain. The current request is for C5-6 and C6-7 intra-articular facet injections with rhizotomy Qty: 1. The RFA is dated 04/22/15. Treatment has included medications, physical therapy, surgery (lumbar laminectomy 10/24/12), medial branch neurotomy and bracing. The patient is currently not working. ACOEM guidelines page 174 incidentally notes under foot note: "There is limited evidence that RF neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. Lasting relief (eight to nine months, on average) from chronic neck pain has been achieved in about 60% of cases across two studies, with an effective success rate on repeat procedures, even though sample sizes generally have been limited (n=24,28). " For further discussion, ODG is consulted. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). "Regarding radiofrequency ablation, ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, and topic Radiofrequency Neurotomy, states that "While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. " According to progress report 04/13/15, the patient continues to report "neck pain that radiates shooting sensation and numbness bilaterally to her shoulder, front and back of the arms and fingers. " The treater recommended a cervical rhizotomy. In this case, the patient's treatment history includes a C3, C4, C5 and C6 facet medial branch neurotomy on 10/01/2012. The earliest records provided for review is from 08/07/14. None of the progress reports document greater than 70% reduction of pain for the duration of the anesthetic agent used, as required by ODG to progress to a RFA. There are no reports showing positive results from C5-7 medial branch or prior RF ablation at these levels with lasting response. Furthermore, the patient has cervical radiculopathy and facet joint evaluations or treatments are not recommended when radicular or neurologic findings are present. This request IS NOT medically necessary.

Physical Therapy (C-Spine)(days) Qty: 18: Upheld

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

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

Decision rationale: This patient present with neck and low back pain. The current request is for Physical Therapy (C-Spine) Qty: 18. The RFA is dated 04/22/15. Treatment has included medications, physical therapy, surgery (lumbar laminectomy 10/24/12), medial branch neurotomy and bracing. The patient is currently not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. " According to progress report 04/13/15, the patient continues to report "neck pain that radiates shooting sensation and numbness bilaterally to her shoulder, front and back of the arms and fingers. " The treater recommended physical therapy for the cervical spine. The patient has completed a full course of post-operative PT following the lumbar surgery to address gait training and a HEP. The earliest medical report provide for review is from 08/07/14 and it is unclear if and when the patient has had physical therapy addressing his cervical complaints. In this case, there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the current request for 18 sessions exceeds what is recommended by MTUS. The requested physical therapy IS NOT medically necessary.

Cervical Collar Qty: 1: 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): 175. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back chapter, cervical collars.

Decision rationale: This patient present with neck and low back pain. The current request is for Cervical Collar Qty: 1. The RFA is dated 04/22/15. Treatment has included medications, physical therapy, surgery (lumbar laminectomy 10/24/12), medial branch neurotomy and bracing. The patient is currently not working. ACOEM chapter 8 page 175 states, "Cervical collars: Initial care" Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit except for comfort in the first few days of clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual 'pre-injury' activities. Regarding cervical collars, ODG Guidelines under its neck and upper back chapter states, "Maybe appropriate where postoperative and fracture indications exist." According to progress report 04/13/15, the patient continues to report "neck pain that radiates shooting sensation and numbness bilaterally to her shoulder, front and back of the arms and fingers." The treater recommended a cervical collar for the patient continued pain. ACOEM Guidelines do not support cervical collars, and ODG states it may be appropriate for postoperative use or when there is a fracture. In this case, the patient is not in postoperative state and there is no concern for fracture. Therefore, the requested cervical brace IS NOT medically necessary.

Traction (unspecified time frame) Qty: 1: 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, 181. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

Decision rationale: ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. " Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. " According to progress report 04/13/15, the patient continues to report "neck pain that radiates shooting sensation and numbness bilaterally to her shoulder, front and back of the arms and fingers." The treater discusses an undated CT of the c-spine, which revealed "C5-6 DDD with osteophytes." The patient is unable to complete an MRI due to presence of cochlear implants. The treater recommended a cervical traction device. Progress notes do not document that this patient has trialed cervical traction to date. ACOEM page 181 does not support traction devices. ODG indicates that there is some evidence of symptomatic relief from cervical traction in patients who present with grade 3 stenosis of the cervical spine. However, this patient's cervical CT does not document any significant stenosis or nerve root compression. Furthermore, the request does not specify the type of traction unit and mechanical or powered devices are not recommended per ODG. Therefore, the request IS NOT medically necessary.