

Case Number:	CM15-0185035		
Date Assigned:	09/25/2015	Date of Injury:	08/02/2013
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic neck, low back, and mid back pain reportedly associated with an industrial injury of August 2, 2013. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for a multilevel cervical medial branch block, six sessions of physical therapy, and flexion and extension views of the cervical spine. The claims administrator referenced an August 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 21, 2015 office visit, the applicant reported multifocal complaints of neck, bilateral shoulder, and right arm pain. The applicant also had superimposed issues associated with fibromyalgia evident, the treating provider reported. The applicant reported numbness and tingling about the right upper extremity, sleep disturbance, depression, and anxiety, it was acknowledged. The applicant had completed six recent sessions of physical therapy, stated in various sections of the note. The applicant's medications included Tenormin, baclofen, Norco, Lexapro, and Valium, it was stated. The applicant was off of work and had been deemed "disabled" in the review of systems section of the note. Additional physical therapy was sought while the applicant was kept off of work. The applicant was apparently approximately transferring care to a new physiatrist on the grounds that she is unhappy with her current psychiatrist. X-rays of the cervical spine were sought to evaluate for instability. The requesting provider did not, however, state what about the applicant presentation was suggestive of cervical instability. Multilevel medial branch blocks were also sought to evaluate for facetogenic pain. Once again, however, the treating provider did not report what about the applicant's presentation was suggestive of facetogenic pain. The applicant was described as status post recent trigger point injections and status post receipt of six recent physical therapy treatments. The applicant was using Norco at a rate of twice or thrice daily, it

was stated. The requesting provider stated that the applicant had ongoing issues with myofascial pain and palpable tender points present on this date. The requesting provider was a nurse practitioner (NP) associated with a pain management practice, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper back -Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for a C4-C7 medial branch block was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic block such as the medial branch blocks in question are deemed "not recommended." In this case, the applicant's presentation, moreover, was not seemingly suggestive or evocative of facetogenic pain for which the medial branch blocks in question could be considered. The applicant was described as having myofascial pain complaints and fibromyalgia related issues for which the applicant had received trigger point injections, it was stated on August 21, 2015. The applicant also reported numbness and tingling about the right arm, suggesting the presence of superimposed cervical radicular pain complaints and arguing against the presence of bona fide facetogenic pain for which the medial branch blocks in question could be considered. The request, thus, was not indicated both owing to (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.

Physical Therapy # 6 To Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for six sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, as of the date of the request, August 21, 2015, despite receipt of six recent physical therapy treatments, the requesting provider acknowledged. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of six recent physical therapy

treatments. Therefore, the request was not medically necessary.

Cervical X-Rays With Ap/Lateral/Flexion/Extension Views: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, pg. 42.

Decision rationale: Finally, the request for cervical x-rays with AP/lateral/flexion/extension views was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, the routine usage of plain film radiography is deemed "not recommended" in applicants in whom red flags are absent, as was seemingly the case here. While the treating provider stated that she was ordering x-rays of the cervical spine to search for instability, the treating provider did not outline what aspects of the applicant's presentation were suggestive or evocative of cervical instability. The treating provider's commentary to effect that the applicant had several pain generators involving the cervical spine, including myofascial pain, facetogenic pain complaints, and radicular pain complaints all, taken together, argued against the presence of any bona fide instability about the cervical spine which would have compelled the x-rays in question. While the Third Edition ACOEM Guideline Cervical and Thoracic Spine Disorders Chapter does support flexion and extension views of the cervical spine to evaluate applicants with symptomatic spondylolisthesis in whom there is consideration for surgery, here, again, the treating provider did not outline what aspects of the applicant presentation (if any) were suggestive or evocative of cervical instability. The requesting provider was, furthermore, a nurse practitioner associated with a pain management practice, significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question as of the date of the request, August 21, 2015. Therefore, the request was not medically necessary.

