

Case Number:	CM15-0185075		
Date Assigned:	09/25/2015	Date of Injury:	02/19/2013
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
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: 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 57 year old female, who sustained an industrial injury on 2-19-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet arthropathy and Complex Regional Pain Syndrome (CRPS). On 7-21-2015, the injured worker reported neck and shoulder pain with upper extremity symptoms. The Secondary Treating Physician's report dated 7-21-2015, noted the injured worker had received cervical facet blocks at C7-T1 bilaterally approximately two weeks prior with the pain returned to baseline. The injured worker was noted to have reported slight reduction in her upper extremity symptoms, with most of the relief associated with her use of her current medication of Gabapentin. The physical examination was noted to show slightly increased range of motion (ROM) from the head and neck in all planes than on previous visits with fewer trigger points palpated in the proximal trapezial musculature. The Physician recommended the injured worker wean from the Gabapentin, and was started on Oxcarbazepine and given Tramadol. The treatment plan was noted to include requests for authorization for cervical radiofrequency lesioning and a referral for a psychological evaluation as the injured worker was clearly depressed. Prior treatments have included facet blocks at bilateral C7-T1 on 7-7-2015 with 60% improvement for a little over a week noted, anterior cervical discectomy and fusion (ACDF) at C5-C6 and C6-C7 on 9-17-2013, C7-T1 epidural steroid injection (ESI) on 1-30-2015 with 50% improvement noted, a c-collar, and medications including Flexeril, Celebrex, Gabapentin, Tramadol, and herbal medications. A cervical spine MRI dated 4-14-2015, was noted to show post-surgical changes at C5-C6 and C6-C7 (anterior interbody arthrodesis), increased signal

within the foramen at C7-T1 on the right of uncertain significance, and the comparison with previous MRI scan dated 4-1-2014 demonstrated no significant interval change. An electromyography (EMG)-nerve conduction velocity (NCV) completed on April 9, 2015 was noted to be a normal electrodiagnostic study, without evidence of radiculopathy, brachial plexopathy, median, or ulnar neuropathy. The request for authorization dated 8-3-2015, requested cervical radiofrequency (RF) lesioning at C6-C7-T1 and a psychological evaluation. The Utilization Review (UR) dated 8-24-2015, non-certified the requests for cervical radiofrequency (RF) lesioning at C6-C7-T1 and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical RF lesioning at C6-C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Follow-up Visits, Special Studies, Surgical Considerations.

Decision rationale: Review indicates the patient had received cervical facet blocks at C7-T1 bilaterally with slight reduction of her upper extremity symptoms, but pain has returned to baseline after two weeks. Pain relief was mostly associated with her use of her current medication of Gabapentin. The patient has undergone medial branch blocks with reported a little over one week relief now with request for RFA. Per Guidelines, Facet joint radiofrequency neurotomy/ablation has conflicting evidence of efficacy and is considered under study without clear benefit or functional improvement. Criteria include documented failed conservative treatment trial; however, none are demonstrated here in terms of therapy or pharmacological treatment trial failure as the patient reported Gabapentin treatment helpful. Additionally, there is no report of any new injury, acute flare-up, or progressive of clinical changes with consistent positive symptoms and clinical findings of radiculopathy correlating with MRI assessment s/p epidural injections with noted 50% improvement. There is no documented ADL limitations documented, no updated imaging study confirming diagnoses presented. Submitted reports have not demonstrated objective clinical findings of pain relief in terms of reduction in prescription dosage, decreased medical utilization or an increase in ADLs and function per guidelines criteria of 70% relief for the duration of at least 12 weeks from recent medial branch blocks. The request for Cervical RF lesioning at C6-C7-T1 is not medically necessary and appropriate.

Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Models and Definitions, Initial Assessment, Medical, Physical Examination, Diagnostic Testing, Treatment, Work-Relatedness, Follow-up, Failure, References.

Decision rationale: Submitted reports have not described what psychological testing or evaluation are needed or identified what specific goals are to be obtained from the additional psychological evaluation beyond the pain psychological evaluation with CBT certified to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy evaluation. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of few sessions; however, there are no specific symptom complaints or clinical findings to support for the general psychological referral. The Psychological evaluation is not medically necessary and appropriate.