MAXIMUS Federal Services

Case Number:	CM15-0203482		
Date Assigned:	10/20/2015	Date of Injury:	08/02/2008
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44-year-old female who sustained an industrial injury on 8-2-2008 and has been treated for radiating left-sided neck pain and low back pain. MRI 7-15-2015 showed mild left facet arthropathy, right and left foraminal stenosis at C6-7. On 9-4-2015 the injured worker reported pain in the left side of her neck, radiating down the left arm into the hand with intermittent numbness in the hand. Examination showed positive Spurling's with limited range of motion and muscle spasm in the paravertebral muscles. The 8-5-2015 examination noted flexion 20 degrees and extension 10 degrees with pain "in both directions," and side rotation 30 degrees in each direction, tender posteriorly. Documented treatment includes aquatherapy, extended release morphine, Norco, Xanax, Gabapentin and Soma. The treating physician states that the injured worker is not a surgical candidate, and the plan of care includes left C3-4 and C4-5 facet block; left C7 epidural steroid injection; and, 12 sessions of physical therapy. This was denied on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C7 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in August 2008 while pulling a pallet jack with injury to the neck, back, and shoulders. She was seen by the requesting provider for an initial evaluation on 05/22/15. There had been a good result from bilateral shoulder surgeries. Her neck and back had been treatments with medications, therapy, and one low back injection. She was having ongoing neck and back pain with occasional radiating symptoms. Physical examination findings included restricted cervical and lumbar range of motion. Spurling's testing was positive on the right side. She had subjective numbness at C6 without reflex or motor findings. In September 2015 MRI results of the entire spine were reviewed. Findings included lumbar facet inflammation and severe foraminal stenosis at C6/7. Physical examination findings were that of limited cervical range of motion with paravertebral muscle spasms and positive Spurling's testing. Authorization was requested for a facet block, epidural, and course of physical therapy. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. The request is being submitted due to imaging results without clinical correlation. The requested epidural steroid injection is not medically necessary.

12 sessions of physical therapy 2 per week for 6 weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back, Physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment, (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2008 while pulling a pallet jack with injury to the neck, back, and shoulders. She was seen by the requesting provider for an initial evaluation on 05/22/15. There had been a good result from bilateral shoulder surgeries. Her neck and back had been treatments with medications, therapy, and one low back injection. She was having ongoing neck and back pain with occasional radiating symptoms. Physical examination findings included restricted cervical and lumbar range of motion. Spurling's testing was positive on the right side. She had subjective numbness at C6 without reflex or motor findings. In September 2015 MRI results of the entire spine were reviewed. Findings included lumbar facet inflammation and severe foraminal stenosis at C6/7. Physical examination findings were that of limited cervical range of motion with paravertebral muscle spasms and positive Spurling's testing. Authorization was requested for a facet block, epidural, and course of

physical therapy. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.

Left C3-4 and C4-5 facet block: 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 (Acute and Chronic), Facet blocks.

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 sustained a work injury in August 2008 while pulling a pallet jack with injury to the neck, back, and shoulders. She was seen by the requesting provider for an initial evaluation on 05/22/15. There had been a good result from bilateral shoulder surgeries. Her neck and back had been treatments with medications, therapy, and one low back injection. She was having ongoing neck and back pain with occasional radiating symptoms. Physical examination findings included restricted cervical and lumbar range of motion. Spurling's testing was positive on the right side. She had subjective numbness at C6 without reflex or motor findings. In September 2015 MRI results of the entire spine were reviewed. Findings included lumbar facet inflammation and severe foraminal stenosis at C6/7. Physical examination findings were that of limited cervical range of motion with paravertebral muscle spasms and positive Spurling's testing. Authorization was requested for a facet block, epidural, and course of physical therapy. Criteria for the use of diagnostic blocks for cervical facet pain include that the clinical presentation should be consistent with facet joint pain. In this case, there are no reported physical examination findings such as tenderness over the facet joints or decreased range of motion with extension and rotation that support a diagnosis of facet mediated pain. The request is not medically necessary.