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| Case Number: | CM15-0206592 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 01/09/2015 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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:

This injured worker is a 62 year old male who reported an industrial injury on 1-9-2015. His diagnoses, and or impressions, were noted to include: left cervical radiculitis and cervical axial pain, secondary to cervical stenosis and neural foraminal narrowing. Magnetic imaging studies of the cervical spine were said to have been done on 1-24-2015; and electrodiagnostic studies with report on 3-12-2015. His treatments were noted to include: 16 sessions of physical therapy (PT); 14 sessions of acupuncture treatments (5-2015); TENS unit therapy; medication management; and modified work duties. The progress notes of 6-3-2015 reported: left upper limb pain; constant posterior cervical and lateral cervical throbbing pain with tingling-numbness into the lateral arm, forearm, and diffusely into the digits of the left hand; that anti-inflammatories, PT, acupuncture treatments, and TENS unit therapies provided some short-term relief. The objective findings were noted to include: no acute distress; positive Spurling's in the left cervical spine area; and a review of the 1-24-2015 MRI of the cervical spine. The physicians request for treatment was noted to include diagnostic and therapeutic left cervical 5-6 transforaminal epidural steroid injection, under fluoroscopic guidance; and resuming PT post-procedure to address cervical spine stabilization. No Request for Authorization (RFA) for additional PT for the cervical spine, 2 x a week x 4 weeks (versus 6 weeks); and a pain management consultation and treatment, secondary, to evaluate for cervical facet injections and possible RFA with a permanent and stationary specialist was noted in the medical records provided. The Utilization Review of 9-21-2015 non-certified the request for additional PT for the cervical spine, 2 x a week x 4 weeks (versus 6 weeks); and a pain management consultation

and treatment, secondary, to evaluate for cervical facet injections and possible RFA with a permanent and stationary specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 X 4, cervical spine: Upheld

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

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. The patient has received at least 16 PT sessions; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from the formal physical therapy already rendered to support further treatment. There has not been a change in neurological compromise or red-flag findings demonstrated for PT at this time. Submitted reports have also not adequately identified the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Additional physical therapy 2 X 4, cervical spine is not medically necessary and appropriate.

Pain management consult and treat secondary to evaluate for cervical facet injections and possible RFA with PM&R specialist: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet joint radiofrequency neurotomy, Facet joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: There is no report of acute flare-up for persistent chronic low back pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated facet arthropathy deficits to corroborate with the imaging studies to support for the lumbar facet injections, especially in a patient who exhibited radicular symptoms with correlating MR showing neural foramina stenosis s/p epidural injections. MTUS Chronic Pain Medical Treatment Guidelines recommend facet blocks as an option diagnostically; however, clinical findings must be documented on physical examination and corroborated by imaging studies, not demonstrated here. As the cervical blocks are not supported, the pain management consultation with procedural treatment is not supported. The request is not medically necessary and appropriate.