

<b>Case Number:</b>	CM15-0033128		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/05/2004
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, 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 49 year old female, who sustained an industrial injury on 10/05/2004. The diagnoses have included symptomatic hardware L4-S1, right sacroiliac joint dysfunction confirmed with diagnostic sacroiliac joint block, narcotic tolerance, L3-4 adjacent segment degeneration, L4-L5/L5-S1 spondylolisthesis, status post L4 through S1 anterior-posterior fusion, and C3-7 disc degeneration and facet arthropathy. Noted treatments to date have included physical therapy, sacroiliac joint block, and medications. Diagnostics to date have included MRI of the lumbar spine on 12/14/2012 which showed slight retrospondylolisthesis of L2 on L3 and mild disc bulge are present without significant stenosis or neural compression, mild central stenosis at L3-4, slight retrospondylolisthesis of L3 on L4, post-surgical changes are present at L4-5 and L5-S1, and grade 1 ventral spondylolisthesis of L4 on L5 without spondylosis. In a progress note dated 01/12/2015, the injured worker presented with complaints of right and left sided low back pain over the sacroiliac joints. The treating physician reported the injured worker had an acute onset of right mid thoracic spine with spasm on palpation in the mid thoracic spine at the inferior border of the scapula after a fall 3 days ago. There was neck pain with numbness in the left forearm and wrist, hand pain, and headaches. On exam, there was tenderness over the bilateral trapezius, base of the neck and skull, and over the bilateral cervical paraspinal musculature, as well as decreased sensation down the right C6 dermatome. There was also lumbar tenderness with decreased sensation right L3 and L5 and left L4 and S1. There was weakness in multiple myotomes of the upper and lower extremities. Narcotic detox, acupuncture, chiropractic, and medications were recommended. Utilization Review determination on

01/30/2015 modified the request for Outpatient Physical Therapy (PT) to Lumbar two (2) times a week for six (6) weeks to Outpatient Physical Therapy (PT) to Lumbar two (2) times a week for five (5) weeks and non-certified the request for Diagnostic Cervical Facet Joint Injections Bilateral C3/4 and C4/5 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient physical therapy (PT) to lumbar two (2) times a week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

**Diagnostic cervical facet joint injections bilateral C3/4 and C4/5:** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter, Facet joint diagnostic blocks, facet joint pain signs and symptoms, Facet joint therapeutic steroid injections.

**Decision rationale:** Regarding the request for cervical facet joint injections, guidelines recommend one set of diagnostic medial branch blocks (rather than facet joint injections) with a response of greater than or equal to 70% for a positive diagnosis of facet syndrome. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the patient has diffuse tenderness rather than

tenderness over the facets and there are symptoms/findings suggestive of radiculopathy. Furthermore, there is no clear rationale for the use of facet joint injections rather than the medial branch blocks recommended by the guidelines and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding these issues, the currently requested cervical facet joint injections are not medically necessary.