MAXIMUS Federal Services

Case Number:	CM15-0033876		
Date Assigned:	02/27/2015	Date of Injury:	09/19/2013
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	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

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 46 year old male with an industrial injury dated September 19, 2013. The injured worker diagnoses include chronic pain syndrome, cervical degenerative disc disease, cervical spondylosis, cervical spondylolisthesis and cervicogenic headaches. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, ice/heat therapy and periodic follow up visits. According to the progress note dated 1/19/2015, the injured worker reported pain in the cervical axial spine, bilateral occiput, right shoulder and right upper extremity with some burning and tingling components. The injured worker also reported muscle spasms in the cervical paraspinous musculature and right shoulder. Head and neck exam revealed some tenderness to palpitation at the bilateral, articular pillars, particularly on the right and significant pain with extension and lateral bending. The treating physician prescribed services for bilateral C3, C4 C5 and C6 medial branch and physical therapy 3 times a week for 6 weeks for the cervical spine. Utilization Review determination on January 23, 2015 denied the request for bilateral C3, C4 C5 and C6 medial branch and physical therapy 3 times a week for 6 weeks for the cervical spine, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100.

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

Decision rationale: This patient presents with cervical spondylosis, cervical spondylolisthesis and cervicogenic headaches. The request is physical therapy 3 times a week for 6 weeks for the cervical spine on 01/15/15. The patient's work status is not available. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Review of reports does not show any evidence of prior physical therapy. None of the report explains why therapy is being requested and the treater does not provide any information regarding goals and progress from therapy. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 18 sessions of physical therapy exceed what is recommended by MTUS. The request IS NOT medically necessary.

Bilateral C3, C4 C5 and C6 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Neck and Upper Back (Acute & Chronic) Chapter, Facet joint therapeutic steroid injections.

Decision rationale: This patient presents with cervical spine pain and headaches. The request is for bilateral C3, C4, C5, and C6 medial branch block on 01/15/15. MRI scan of cervical spine on 04/02/14 showed "minimal bulging is present at C5-6, and C6-7." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)." Based on the 11/19/14 report, the patient has some tenderness to palpation at the bilateral articular pillars, cervical muscle spasm, and pain level is at 9/10. However, the physical exam findings do not indicate facet joint dysfunction. Furthermore, the guideline recommends no more than 2 joint

levels (3 DMB nerves) are injected in one session and the current request is for 3 level facet joint evaluation. The request IS NOT medically necessary.