MAXIMUS Federal Services

Case Number:	CM15-0044871		
Date Assigned:	03/17/2015	Date of Injury:	07/23/2014
Decision Date:	05/12/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 54-year-old male, who sustained an industrial injury on July 23, 2014. He reported lifting boxes of supplies, and felt pain on his neck that radiated down to his lower back. The injured worker was diagnosed as having lumbago, cervicalgia, cervical spondylosis, and cervical herniated nucleus pulposus (HNP). Treatment to date has included physical therapy, x-rays, cervical and lumbar spine MRIs, and medication. Currently, the injured worker complains of cervical spine pain with numbness in both hands, radiating to the right shoulder, with limited range of motion (ROM) due to the pain in his neck. The injured worker also complains of lumbar pain that radiated through the right leg affecting the anterior thigh and shin, with intermittent numbness to the right foot. The Treating Physician's report dated February 10, 2015, noted. Physical examination was noted to show mid cervical paracervical tenderness, worse on the right, with decreased sensation in the bilateral radial three fingers and in the left hand and positive carpal compression test in both hands. The lumbar spine was noted to have paraspinous tenderness in the lower lumbar region. The injured worker was noted to have two sessions of physical therapy remaining, noted to be improving with physical therapy with the Physician recommending continued physical therapy exercises. The Physician also recommended continuation of Naproxen, and authorization for cervical facet injection to right C4-C5 and C5-C6 with fluoroscopy and sedation, and authorization for a nerve conduction study (NCS) for carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (two times a week for six weeks for the cervical spine and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. According to the ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient has had a total of 36 PT visits since her injury in 07/2014. There is no documentation indicating that she had a defined functional improvement in her condition. There are no specific indications for the additional 12 PT (2x6) sessions for the cervical and lumbar spine requested, and the additional visits exceed the MTUS and ODG guidelines. Medical necessity for the additional PT visits has not been established. The requested services are not medically necessary.

Cervical facet injection at right C4-5 and C5-6 with fluoroscope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines -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 (ODG) Neck and Upper Back (acute and chronic) Facet joint diagnostic blocks.

Decision rationale: According to the ODG, cervical facet injections are limited to chronic cervical pain that is non-radicular in nature. There should not be any history of spinal stenosis or previous fusion. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 levels should be injected at any one time. There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. Cervical facet blocks/injections are not recommended in patient's status post cervical fusion. In this case, there is documentation of subjective (neck pain radiating to the right

shoulder with numbness to both hands) and objective (decreased sensation in the hand and radial 3 fingers bilaterally) radiculopathy. Medical necessity for the requested injections has not been established. The requested right cervical facet blocks (C4/C5, C5/C6) with fluoroscopy are not medically necessary.

Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and chronic) Facet joint diagnostic blocks.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EMG/NCV of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 117-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

Decision rationale: According to the California MTUS/ACOEM Guidelines, electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. The documentation indicates the patient has subjective and objective evidence of radiculopathy/nerve entrapment. There is also no documentation of failure of conservative therapy. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.