

Case Number:	CM15-0053273		
Date Assigned:	03/26/2015	Date of Injury:	01/28/2001
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: Family Practice

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 54 year old female sustained an industrial injury to the neck and shoulders on 1/28/01. Previous treatment included magnetic resonance imaging, cervical spine decompression and fusion, injections and medications. In the most recent visit note submitted for review, dated 7/24/14, the injured worker complained of pain in the right shoulder and neck area, rated 4/10 on the visual analog scale, associated with numbness and tingling radiating down the right arm. The physician noted that overhead activities were limited secondary to pain. There was tightness extending in the cervical and thoracic musculature as well as the upper trapezius, rhomboids and deltoid muscles. The injured worker had increased pain when performing activities of daily living and any activity that required the use of the right arm. Current diagnoses included right shoulder tendinitis, status post cervical decompression and fusion and myospasms. The treatment plan included a trial of acupuncture. Thermacare heat wrap and point relief were dispensed for home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 weeks Bilateral Neck: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines state the following: Physical Medicine Guidelines, Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has previously received a full course of physical therapy; per the above cited MTUS guidelines. It would be expected that the patient has been instructed on a self-directed home exercise program. There is insufficient information to indicate the rationale behind an extended course of physical therapy or whether there are barriers for the patient to participate in a home exercise program. For these reasons, physical therapy 2 X 4 weeks is not considered as medically necessary.

Facet Injection at C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head & Neck/Acute & Chronic Sections: Facet Joint Symptoms & Facet Joint Therapeutic Blocks.

Decision rationale: The Official Disability Guidelines comment on the diagnostic criteria for a facet pain syndrome. The most common symptom is unilateral pain that does not radiate past the shoulder. Physical findings: Signs in the cervical region are similar to those found with spinal stenosis, cervical strain, and diskogenic pain. Characteristics are generally described as the following: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. Diagnosis: There is no current proof of a relationship between radiologic findings and pain symptoms. The primary reason for imaging studies is to rule out a neurological etiology of pain symptoms. Diagnosis is recommended with a medial branch block at the level of the presumed pain generator/s. Regarding facet joint therapeutic blocks, the Official Disability Guidelines lists this procedure as not recommended. There are no reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks

(median time to return of pain to 50%, 3 days and 3.5 days, respectively). While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. In this case, the Official Disability Guidelines lists facet injection as "not recommended." There is insufficient documentation that the patient meets the criteria for facet syndrome as the generator of pain. Further, the records indicate the patient has had a prior cervical fusion, which is an exclusion criteria for this procedure. For these reasons, facet injection at C4-5 is not considered as medically necessary.