

Case Number:	CM14-0126758		
Date Assigned:	08/13/2014	Date of Injury:	10/22/2013
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old female with date of injury of 10/22/2013. The listed diagnoses per [REDACTED], dated 07/31/2014, are: 1. Cervical sprain/strain. 2. Thoracic sprain/strain. 3. Lumbar region sprain/strain. 4. Underlying cervical spondylosis with facet-mediated component. 5. Status post craniotomy for CNS Tumor. 6. Status post bilateral carpal tunnel release. According to this report, the patient complains of neck, thoracic, and lumbar pain. She complains of persistent cervical pain. The patient is also status post craniotomy for CNS tumor, as well as bilateral carpal tunnel release, and left first compartment tenosynovitis release. She has cervical pain with rotation and extension. The physical examination shows the patient is well developed, in no apparent distress. The patient has a normal gait and normal station. Both flexion and extension of the neck is limited to 30 degrees. Rotation to the right and left gives cervical pain. No atrophy in the upper extremities. Deep tendon reflexes are intact. The utilization review denied the request on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-refer to Pain management for bilateral facet injections C5-C6 and C6-C7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Referrals or Consultations Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 08/04/2014) Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46, 47.

Decision rationale: This patient presents with cervical, lumbar, and thoracic pain. The treater is requesting a re referral to pain management for bilateral facet injections at C5-C6 and C6-C7. The ACOEM guidelines discuss dorsal medial branch blocks and RF ablations on page 178, footnote. For a more thorough discussion of facet joint diagnostic evaluation, the ODG guidelines are used. ODG guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with nonradicular symptoms. No more than 2 levels bilaterally should be studied. The records show that the patient has not had a facet injection in the cervical spine. The progress report dated 07/16/2014 by [REDACTED] shows myofascial trigger points noted in the cervical paraspinal muscles, bilaterally along the levator scapulae muscles and trapezius muscles. No radiating symptoms were noted. In this case, evaluation of the facet joints would appear to be reasonable and consistent with the ODG guidelines. Therefore, this request is medically necessary.

Physical Therapy 2 x week for 3 weeks, Cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 08/04/2014) Physical Therapy (PT).

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

Decision rationale: This patient presents with cervical, lumbar, and thoracic pain. The treater is requesting physical therapy for 6 visits. The MTUS guidelines, pages 98 and 99, on physical medicine, recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 07/31/2014 report notes that the treater is requesting 6 physical therapy visits following the patient's bilateral facet injections. Given that the patient's facet injections were authorized and the requested 6 sessions are within guidelines, the request is medically necessary.