

Case Number:	CM14-0165033		
Date Assigned:	10/10/2014	Date of Injury:	03/06/2014
Decision Date:	01/27/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/07/2014

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 California. 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 injured worker is a 38 year-old female, who sustained an injury on March 6, 2014. The mechanism of injury is not noted. Diagnostics have included: June 12, 2014 cervical spine MRI reported as showing C5-6 degenerative changes without canal stenosis or neuroforaminal stenosis. Treatments have included: physical therapy, medications. The current diagnoses are: cervical disc degeneration, cervical radiculopathy. The stated purpose of the request for Bilateral Nerve Root Block C6 was not noted. The request for Bilateral Nerve Root Block C6 was denied on September 2, 2014, citing a lack of documentation of imaging confirmation of cervical radiculopathy. The stated purpose of the request for Bilateral Cervical Facet Block Injections C6 was not noted. The request for Bilateral Cervical Facet Block Injections C6 was denied on September 2, 2014, citing a lack of documentation of facet-mediated pain. The stated purpose of the request for Physical Therapy 2x4 for the Cervical was to provide post-injection therapy. The request for Physical Therapy 2x4 for the Cervical was denied on September 2, 2014, citing a lack of documentation of medical necessity for injections. Per the report dated July 28, 2014, the treating physician noted complaints of pain to the neck and right arm in the C6-7 distribution. Exam showed decreased C6-7 sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Nerve Root Block C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Bilateral Nerve Root Block C6, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has pain to the neck and right arm in the C6-7 distribution. The treating physician has documented decreased C6-7 sensation. June 12, 2014 cervical spine MRI reported as showing C5-6 degenerative changes without canal stenosis or neuroforaminal stenosis. The treating physician has not documented sufficient diagnostic imaging confirmation of cervical radiculopathy. The criteria noted above not having been met, Bilateral Nerve Root Block C6 is not medically necessary.

Bilateral Cervical Facet Block Injections C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation AMA Guides

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

Decision rationale: The requested Bilateral Cervical Facet Block Injections C6 is not medically necessary. CA MTUS is silent and ODG, Neck & Upper Back (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has pain to the neck and right arm in the C6-7 distribution. The treating physician has documented decreased C6-7 sensation. June 12, 2014 cervical spine MRI reported as showing C5-6 degenerative changes without canal stenosis or neuroforaminal stenosis. The treating physician has not documented sufficient physical exam or diagnostic imaging evidence of facet-mediated arthropathy. The criteria noted above not having been met, Bilateral Cervical Facet Block Injections C6 is not medically necessary.

Physical Therapy 2x4 for the Cervical: 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), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy

Decision rationale: The requested Physical Therapy 2x4 for the Cervical, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the neck and right arm in the C6-7 distribution. The treating physician has documented decreased C6-7 sensation. June 12, 2014 cervical spine MRI reported as showing C5-6 degenerative changes without canal stenosis or neuroforaminal stenosis. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. Also, as the intended purpose was for post-injection therapy, the referred injections are not medically necessary. The criteria noted above not having been met, Physical Therapy 2x4 for the Cervical is not medically necessary.