

Case Number:	CM14-0210964		
Date Assigned:	12/23/2014	Date of Injury:	01/22/2014
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 patient is a 39 year old employee with date of injury of 1/22/14. Medical records indicate the patient is undergoing treatment for chronic pain syndrome; thoracic spine pain; neck sprain; PTSD; anxiety, unspecified; insomnia, unspecified and cubital tunnel syndrome. Subjective complaints include numbness in right upper gum, lip and maxilla area. He has no facial pain but experiences tingling and electric sensations. He reports stiffness and mild occasional pain in his neck; however chiropractic therapy significantly helped to reduce the neck pain. He has numbness in the medial forearms and 4th and 5th fingers. Lying down will cause additional numbness in his hands and fingers. He has the greatest difficulty with mid back pain although a prior MRI of the cervical and thoracic spine was unremarkable. Objective findings include numbness below the right orbit, upper lip and malar eminence. He has allodynia at the right lateral nose area and over the right mandible. He has limited range of motion (ROM) to extension and right and left lateral bending of the neck. There are multiple trigger points in the patient's left paraspinal muscles with twitch response. He has moderate tenderness along the T4-T8 facet joints. Tinel's is positive at bilateral elbows. Treatment has consisted of steroid injections into the facets (unspecified); Butrans patch; Clindamycin; doxycycline Hyclate; Fenofibrate; Fenofibrate nanocrystallized; Fentanyl patch; Hydrocodone; Lisinopril; sertraline and Oxycodone-Acetaminophen. The patient also had radiofrequency ablation procedure of the left T6, 7, 8 medial branch nerves and prior facet injections. The utilization review determination

was rendered on 12/3/14 recommending non-certification of Physical therapy 2 x 3 (unspecified) and Trial of left T5-6 to T8-9 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks. The medical documentation does not indicate if prior physical therapy sessions were attended and if there was functional improvement. The records also do not indicate which body part(s) are to be treated with physical therapy. As such, the request for Physical therapy 2 x 3 (unspecified) is not medically necessary.

Trial of left T5-6 to T8-9 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Nerve Root Blocks

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) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks); Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch diagnostic blocks. ODG recommends "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." ODG continues by stating "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level" or "whom a surgical procedure is anticipated". ACOEM "does not recommend Diagnostic Blocks". Similarly, Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use". Although the treating physician states that the patient responded very well to prior steroid injections into the facet joints, but did not identify those joints. In addition, the physician states that the patient should receive a thoracic facet rhizotomy. Guidelines state that if a surgical procedure is anticipated that facet blocks should not be performed. As such, the request for Trial of left T5-6 to T8-9 medial branch block is not medically necessary.