

Case Number:	CM15-0026529		
Date Assigned:	02/18/2015	Date of Injury:	05/27/2014
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/11/2015

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: Physical Medicine & Rehabilitation

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 47 year old male who sustained a work related injury May 27, 2014, when assaulted and punched, causing injury to his neck and lower back. He was treated by the company doctor and physical therapy. Cervical MRI dated 1/8/2015 showed disc bulges at C3-4 to C6-7 with C5-6 moderate left and mild right and C6-7 mild bilateral foraminal narrowing. According to a physician's progress report dated February 4, 2015, the injured worker presented with lower back pain described as achy and throbbing, 8/10 and neck pain 6/10. The cervical spine range of motion decreased 5-10 degrees with mild pain, bilateral triggers bilateral trapezius and bilateral shoulders. The lumbar spine range of motion is decreased 10-15 degrees all directions with pain and positive straight leg raise at 30 degrees. Diagnoses documented as cervicgia and lumbago. Treatment plan includes medication, injections and urine drug screen performed. According to utilization review dated February 11, 2015, the request for Cervical Spine Epidural Steroid Facet Injection at C5-7 is non-certified, citing ODG, Neck Chapter. The request for Post-op Physical Therapy (3) times a week for (3) weeks for the cervical spine is non-certified. Citing not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Epidural Steroid Facet Injection at C5-7 times 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient presents with neck pain rated 6/10, and pain in the lower back rated 8/10 described as "stabbing." The patient's date of injury is 05/27/14. Patient has no documented surgical history directed at these complaints. The request is for Cervical Spine Epidural Steroid Facet Injection At C5-7 X 2. The RFA for this request is dated 02/05/15. Physical examination dated 02/04/15 reveals decreased range of motion of the cervical spine in all planes, positive trigger points in the bilateral trapezius and shoulders. Lumbar examination reveals reduced range of motion in all planes with pain elicitation upon movement, and positive straight leg raise test on the left side at 30 degrees. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the cervical spine dated 01/08/15, significant findings include: " C5-C6 there is a 2-3mm broad based bulging disc with a left lateralizing component. There is mild narrowing of the right neural foramen and moderate narrowing of the left neural foramen." Per progress noted dated 02/04/15, patient was advised to return to work with modified duties as of 12/23/14. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy -a procedure that is considered "under study". Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: "1. axial pain, either with no radiation or severity 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; and 4. absence of radicular and/or neurologic findings." In regards to the request for what appears to be two separate cervical facet block injection at two levels: C5/C6 and C6/C7, the request exceeds guideline recommendations. Documentation provided does not indicate that this patient has prior

facet joint injections or fusions at the requested levels. There is no evidence that this patient is anticipating surgical intervention. Progress report dated 12/23/14 indicates that the patient has radicular pain, but the symptoms do not radiate beyond the shoulders. There are no neurological deficits or pain complaints documented in the upper extremities. Progress report dated 12/23/14 reveals that the patient has undergone NSAID and opiate medication therapy with no relief. While this patient meets guideline criteria for a diagnostic injection, the request is for two sets of facet joint injections which is not supported. ODG supports diagnostic dorsal median branch blocks and does not support repeated facet joint intra-articular injections. Therefore, the request IS NOT medically necessary.

Post-op Physical Therapy 3 times a week for 3 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The patient presents with neck pain rated 6/10, and pain in the lower back rated 8/10 described as "stabbing." The patient's date of injury is 05/27/14. Patient has no documented surgical history directed at these complaints. The request is for Post-Op Physical Therapy 2x A Week For 3 Weeks For The Cervical Spine. The RFA for this request is dated 02/05/15. Physical examination dated 02/04/15 reveals decreased range of motion of the cervical spine in all planes, positive trigger points in the bilateral trapezius and shoulders. Lumbar examination reveals reduced range of motion in all planes with pain elicitation upon movement, and positive straight leg raise test on the left side at 30 degrees. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the cervical spine dated 01/08/15, significant findings include: " C5-C6 there is a 2-3mm broad based bulging disc with a left lateralizing component. There is mild narrowing of the right neural foramen and moderate narrowing of the left neural foramen." Per progress noted dated 02/04/15, patient was advised to return to work with modified duties as of 12/23/14. The MTUS, Post-surgical Treatment Guidelines, Neck and Upper Back, Page 26 recommends the following: Displacement of cervical intervertebral disc: "Postsurgical treatment discectomy/laminectomy: 16 visits over 8 weeks; Postsurgical treatment fusion, after graft maturity: 24 visits over 16 weeks." In regards to what appears to be a request for physical therapy following this patient's upcoming cervical joint facet block procedure, physical therapy is not indicated for a procedure of this type. Progress note dated 02/04/14 indicates that this patient is scheduled to undergo a facet joint block of the cervical spine. There is no discussion of any additional procedures at this level. While there is no evidence this patient has undergone physical therapy directed at this complaint to date, MTUS guidelines do not provide support for physical therapy following facet blocks. Furthermore, the requested block is not medically substantiated. Therefore, the request IS NOT medically necessary.