

<b>Case Number:</b>	CM15-0094591		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 42 year old female with an industrial injury dated 1/22/2014. The injured worker's diagnoses include left shoulder impingement/bursitis, left shoulder tendinosis, cervical herniated nucleus pulposus with canal stenosis, and cervical radiculopathy. Treatment consisted of X-ray of left shoulder, Magnetic Resonance Imaging (MRI) of left shoulder/cervical spine, Electromyography (EMG) /Nerve conduction velocity (NCV) of the bilateral upper extremities, prescribed medications, chiropractic therapy to the cervical spine, physical therapy sessions, heat therapy, steroid injection in left shoulder, and periodic follow up visits. According to the progress note dated 3/24/2015, the injured worker reported ongoing neck pain with radiation of numbness to the bilateral upper extremities extending down to the fingertips, left much greater than right. The injured worker rated neck pain a 9/10. Left shoulder exam revealed tenderness to palpitation. Cervical spine exam revealed tenderness to palpitation of the left cervical paraspinals, decreased cervical range of motion, and decreased sensation to the left C5, C6 and C7 dermatomes. The treating physician prescribed services for physical therapy 2x8 cervical spine, trigger point injections (left trapezius x 2, left levator scapula x 2) and left medial branch block C3-4, C4-5, C5-6 cervical facet arthropathy) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x8 cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2x8 cervical spine is not medically necessary and appropriate.

**Trigger point injections (left trapezius x 2, left levator scapula x 2):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injection, page 122.

**Decision rationale:** The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injections (left trapezius x 2, left levator scapula x 2) are not medically necessary and appropriate.

**Left medial branch block C3-4, C4-5, C5-6 cervical facet arthropathy): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

**Decision rationale:** MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended. Per report review, objective findings indicate radiculopathy symptoms and diagnosis of cervical radiculopathy, a contraindication to facet injections as they are limited to patients with cervical pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). The Left medial branch block C3-4, C4-5, C5-6 cervical facet arthropathy) are not medically necessary and appropriate.