

<b>Case Number:</b>	CM14-0149488		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Practice, and is licensed to practice in Texas & Mississippi. 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 62-year-old female who reported an injury on 04/22/2009. The mechanism of injury was not submitted for review. The injured worker had diagnoses of cervicalgia and cervical radiculopathy. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications included Medrol, Valium, and oxycodone. On 05/22/2013, the injured worker underwent a cervical discectomy and fusion at the C5-7. On 08/26/2014, the injured worker complained of neck pain. Physical examination revealed that the injured worker's incision was clean, dry, and intact. The injured worker continued to have bicep weakness which was rated at +4/5 off to the left hand side. Reflexes were equal and symmetric without pathological response. The injured worker also was noted to have a positive Spurling's maneuver off to the left hand side. The treatment plan is for the injured worker to continue with medication therapy, receive additional physical therapy, undergo facet injections, and undergo an additional MRI of the cervical spine. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI cervical is not medically necessary. The CA MTUS/ACOEM Guidelines indicate the criteria for ordering imaging studies includes the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing, or bone scans. The submitted documentation did not indicate the emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction. There was no indication of the failure to progress in a strengthening program. There is also no indication the injured worker planned to undergo an invasive procedure. Furthermore, the documentation lacked any significant neurologic findings on physical examination to warrant the request for an MRI. Given the above, the request is not within the recommended guidelines. As such, the request is not medically necessary.

**Facet injection C7-T1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Neck & Upper Back Chapter, Facet joint diagnostic blocks.

**Decision rationale:** The request for Facet injection C7-T1 is not medically necessary. The CA MTUS/ACOEM Guidelines state that facet injections have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help injured workers presenting in the transitional phase between acute and chronic pain. Per the Official Disability Guidelines, the criteria for the use of diagnostic blocks for facet nerve pain are as follows: clinical presentation should be consistent with facet joint pain, signs and symptoms, which includes unilateral pain that does not radiate past the shoulder; objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral area (over the facet region), decreased range of motion (particularly with extension and rotation), and absence of radicular and/or neurologic findings. If radiation to the shoulder is noted, pathology in this region should be excluded. Additionally, there should be documentation of conservative treatment (to include home exercise program, PT, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. Diagnostic facet blocks should not be performed in injured workers who have had a previous fusion procedure at the planned injection level. The submitted documentation indicated that the injured worker had undergone anterior cervical fusion at the C5-7 level. Additionally, there was no indication in physical examination of the injured worker having decreased range of motion, tenderness to palpation, or unilateral pain that did not radiate past shoulders. There was also no indication of the injured worker having failed conservative treatment prior to the procedure for at least 4 to 6 weeks. The provider did not submit a rationale for the injection. Given the above,

the injured worker is not within ACOEM/MTUS or ODG criteria. As such, the request is not medically necessary.

**Physical therapy cervical spine (frequency and duration unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for physical therapy of the cervical spine is not medically necessary. California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and additionally they can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 physical therapy visits for up to 4 weeks. The submitted documentation lacked evidence regarding the injured worker's prior course of physical therapy, as well as efficacy of prior therapy. The amount of physical therapy visits that have already been completed was not provided. Objective findings regarding the cervical spine were not provided. The provider failed to provide a rationale for the continuation of physical therapy. The request as submitted did not indicate a frequency, quantity, or duration of physical therapy. As such, the request is not medically necessary.

**Medrol dose pack: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Oral corticosteroids

**Decision rationale:** The Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. There were no exceptional factors provided in the documentation submitted to support approval outside the guideline recommendations. The rationale for the request was not provided. Additionally, the provider's request did not provide the frequency, dose, or quantity of the medication. As such, the request is not medically necessary.

**Valium 10mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Valium Benzodiazepines Page(s): 24.

**Decision rationale:** According to guidelines, Valium is known generically as diazepam and is a benzodiazepine, primarily indicated as a sedative/hypnotic, anxiolytic anticonvulsant, and muscle relaxant. Benzodiazepines are not recommended due to rapid development of tolerance and dependence, most guidelines limit the use to 4 weeks. The submitted documentation indicated that the injured worker had been on this medication since at least 08/2014, exceeding the guidelines to limit use to 4 weeks. Additionally, the efficacy of the medication was not submitted for review. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. As such, the injured worker is not within recommended guidelines. Therefore, the request is not medically necessary.

**Oxycodone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet Ongoing Management Page(s): 75 86 78.

**Decision rationale:** California MTUS Guidelines recommend Percocet (oxycodone/acetaminophen) for moderate to severe chronic pain, and that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, morphine equivalents doses of the different opioids must be added together to determine that accumulative dose. An assessment should also be submitted showing what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no mention of the medication helping with any functional deficits. There were no drug screens or urinalysis submitted for review indicating that the injured worker was in compliance with medication. Additionally, there were no assessments submitted indicating what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.