

Case Number:	CM13-0015364		
Date Assigned:	10/08/2013	Date of Injury:	03/21/2005
Decision Date:	04/01/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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 patient is a 43-year-old male who reported an injury on 03/21/2005. The patient reportedly experienced a sudden onset of left shoulder and left hand pain while typing. The patient is currently diagnosed with cervical radiculopathy, failed back surgery syndrome, myofascial pain syndrome, and cervical facet spondylosis. The patient was seen by [REDACTED] on 09/24/2013. The patient reported ongoing neck and arm pain. Physical examination revealed increased tone and tenderness to palpation, trigger points, decreased range of motion, positive Spurling's maneuver, positive facet loading pain on the right, decreased sensation to light touch and pinprick in bilateral upper extremities, and positive motor deficits. Treatment recommendations included massage therapy, trigger point injections, a prescription for Flexeril, and a cervical medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Trigger Point Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. As per the documentation submitted, the patient was previously treated with trigger point injections. However, documentation of at least 50% pain relief for 6 weeks following the injection with documented evidence of functional improvement was not provided. Additionally, California MTUS Guidelines state radiculopathy should not be present. The patient demonstrates positive Spurling's maneuver, decreased sensation, and motor deficits. Based on the clinical information received, the request is non-certified.

Bilateral Diagnostic Cervical Facet Medical Branch Block under fluoroscopic guidance (3 levels): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the documentation submitted, the patient does maintain a diagnosis of cervical radiculopathy. The patient's physical examination does reveal positive Spurling's maneuver, decreased sensation, and motor deficits. There is also no documentation of a recent failure of conservative treatment including home exercise, physical therapy, and NSAIDs. There were no imaging studies provided for review. Additionally, Official Disability Guidelines state no more than 2 joint levels are injected in 1 session. Based on the clinical information received, the request is non-certified.