

Case Number:	CM13-0020402		
Date Assigned:	10/11/2013	Date of Injury:	08/20/2008
Decision Date:	01/27/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/05/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 53-year-old gentleman who sustained an injury to his neck in a work related accident on 08/20/08. Clinical records reviewed include a recent 08/12/13 assessment with [REDACTED] indicating continued present complaints of neck and upper back pain with associated bilateral shoulder/arm pain and numbness. It states at that time the claimant is currently utilizing medications including oral narcotics and topical compounded agents. Objective findings of the cervical spine showed multilevel tenderness to palpation with no documentation of motor deficit to the bilateral upper extremities. There was noted to be tenderness to palpation over the C3-4 through C7-T1 levels to palpation with restricted range of motion. The claimant was given a diagnosis on that date as displacement of cervical discs from C2-3 through C6-7, radiculitis, cervical degenerated disc, spinal stenosis, cervical facet syndrome from C2-3 through C6-7, thoracic pain, headaches, and dizziness. Recommendations at that time included the role of injection therapy to have performed C2-3, C3-4, C4-5, C5-6, and C6-7 bilateral epidural steroid injections with concurrent bilateral C4 through C6-7 facet joint injections as well as trigger point injections to the right rhomboid and right thoracic paraspinal muscles with need for preoperative internal medicine clearance and continuation of a heat and cold unit for symptomatic relief to the cervical spine and use of a cervical pillow. There were no formal imaging reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

C2-3, C3-4, C4-5, C5-6 and C6-7 epidural injections (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

Decision rationale: Based on California MTUS Chronic Pain Guidelines, epidural injections to be performed at five levels bilaterally would not be indicated. Guideline criteria for epidural injections clearly states that no more than two nerve root levels should be injected utilizing transforaminal approach. Furthermore, radiculopathy has not been established in this case absent formal physical examination findings, imaging studies or electrodiagnostic testing demonstrating evidence of neural compression or radiculopathy at the five levels for which injections are being recommended. The specific request for this five level bilateral procedure would not be indicated as the clinical records fail to document evidence of a radiculopathy.

Bilateral C4-5, C5-6, C6-7 facet joint block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):Neck procedure, Facet Joint Blocks

Decision rationale: California ACOEM Guidelines state, "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) 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 patients presenting in the transitional phase between acute and chronic pain". On the basis of the guidelines, which do not support efficacy of facet injections, and in that the treating provider has also recommended treatment for a radiculopathy which if that condition was present there would then be a lack of validity for a facet pain diagnosis, then the requested facet injections cannot be supported as medically necessary.

Right rhomboids and right thoracic paraspinal trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175,Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, trigger point injections to the rhomboid and thoracic paraspinals are not indicated. Criteria for use of trigger point injections include clear documentation of circumscribed trigger points with evidence of palpable

twitch response as well as referred pain. Records in this case fail to demonstrate these findings and as such the medical necessity for the requested trigger point injections has not been established.

Medical Clearance from Internal Medicine specialist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Heat unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: neck procedure -Heat/cold applications.

Decision rationale: CA MTUS ACOEM Guidelines state "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this chronic setting with an injury dating to the year 2008, and in the absence of any exacerbation or other injury, the requested heating unit would not be supported as medically necessary.

Cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: neck procedure -Cold packs.

Decision rationale: CA MTUS ACOEM Guidelines state "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on

functional restoration and return of patients to activities of normal daily living". In this chronic setting with an injury dating to the year 2008, and in the absence of any exacerbation or other injury, the requested cold unit would not be supported as medically necessary.