

Case Number:	CM13-0026881		
Date Assigned:	03/19/2014	Date of Injury:	03/15/2012
Decision Date:	05/09/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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 patient is a 53-year-old female with a date of injury of 3/15/12. The listed diagnoses per [REDACTED] are status post L5-S1 fusion, cervical spasm and radiculitis, neck pain, lower back pain, L4-L5 facet arthropathy, L3-L4 and L4-L5 disk protrusions, C5-C6 and C6-C7 disk protrusions, muscle spasm, brachial neuritis and radiculitis, cervicgia, lumbago, and other specified arthropathy. According to the report dated 8/14/13 by [REDACTED], the patient presents with continued neck and low back pain. She has ongoing pain across the neck, right greater than the left. She also low back pain and has some radicular symptoms in her legs; however, axial back pain is worse. Examination of the neck revealed she was positive for Spurling's test on the right side and had palpable muscle spasm across the neck. Paracervical and upper trapezius with trigger points were identified, as well as increased pain on extension and rotation with tenderness over the facet joints, left greater than right. The recommendation is for patient to undergo right-sided C3-C4, C4-C5, and C5-C6 facet blocks, given her ongoing neck pain. The treating physician also recommends three trigger point injections to the paracervical region and a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) TRIGGER POINT INJECTIONS TO THE PARACERVICAL REGION (DOS:08/14/2013): Upheld

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

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

Decision rationale: This patient presents with continued neck and low back pain. The treating physician is requesting three trigger point injections. The MTUS guidelines recommend trigger point injections only for myofascial pain syndrome, but they have limited lasting value, and they are not recommended for radicular pain. The MTUS further states that all criteria need to be met including documentation of trigger points, symptoms persisting for more than three months, medical management therapy, no radiculopathy, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the report from 8/14/13 states that paracervical and upper trapezius with trigger points indentified. The treating physician does not describe the examination findings of these trigger points. There is no documentation of local twitch response or taut band as required by MTUS. Furthermore, the patient has a diagnosis of cervical radiculitis. The MTUS allows for trigger point injections for non-radicular pain. The request is noncertified.

TORADOL INJECTION (DOS:08/14/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Academic Emergency Medicine volume V, pages 118-122

Decision rationale: This patient presents with continued neck and low back pain. The treating physician is requesting an intramuscular injection of Toradol. The MTUS guidelines state that Toradol is not indicated for minor or chronic painful conditions. Furthermore, the Academic Emergency Medicine volume V states that there is no difference between intramuscular ketorolac versus oral ibuprofen in emergency room department patients with acute pain; both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. The requested Toradol injection is not medically necessary. The request is noncertified.

RIGHT-SIDED C3-4, C4-5 AND C5-6 FACET BLOCKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with continued neck and low back pain. The treating physician is requesting right-sided C3-C4, C4-C5, and C5-C6 facet blocks. The ACOEM guidelines do not support facet injections for treatments, but they do discuss dorsal median branch blocks as well as radio-frequency ablations. The Official Disability Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than two bilateral levels are recommended. In this case, the treating physician is requesting a three-level block. Furthermore, the patient has a diagnosis of cervical spasm and radiculitis. The ODG only recommends facet blocks for non-radicular symptoms. The request is noncertified.