MAXIMUS Federal Services

Case Number:	CM13-0029189		
Date Assigned:	11/01/2013	Date of Injury:	05/26/2009
Decision Date:	02/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Practice 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.

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 39-year-old male who reported an injury on 05/26/2009. According to the initial pain management consultation dated 09/03/2013, the patient reportedly had continued neck and upper extremity pain with numbness into his left 4th and 5th digits, as well as headaches and left buttock tenderness, which radiated pain into his left leg. The patient also stated that he was having moderate difficulties with performing his activities of daily living. The objective examination noted that the patient had reduced cervical extension 30/60, with hypoesthesia along the left C8-T1 dermatomes. There was also positive axial head compression, left trapezius and scalene tenderness; however a negative Spurling's and non-tender facets were noted. Exam of the lower extremities noted that reflexes were trace, bilaterally, as well as hypoesthesia of the left L4-5 dermatome. The patient was diagnosed with posttraumatic left thoracic outlet syndrome with associated vascular headaches, left piriformis syndrome, and left upper extremity double crush persistent symptoms. The patient has undergone bilateral carpal tunnel release in 2010 and 2011, as well as a C5-6 anterior discectomy cervical fusion performed in 2011. Treatment modalities included pain medications, physical therapy, massage, acupuncture, chiropractic treatments, 3 epidural injections, cervical discectomy and fusion, as well as bilateral carpal tunnel release. The provider indicated that the development of piriformis syndrome in relation to thoracic outlet syndrome (TOS) is not unusual, as it is believed that the venous compression in a TOS results in engorgement of the entire venous plexus extending into the pelvis, hip, and groin, with resultant piriformis symptoms. There was also a piriformis trigger point injection performed on 09/03/2013, which provided immediate relief of symptoms in the left buttock, with left leg radiating symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left brachial plexus ultrasound Doppler flow and left piriforms ultrasound examination (through [redacted]) between 9/3/2013 and 10/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter and Elbow chapter, Ultrasound, diagnostic imaging.

Decision rationale: The Official Disability Guidelines do not recommend ultrasound for the diagnosis of low back conditions. In uncomplicated low back pain, its use would be experimental at best. However, for the brachial plexus, Official Disability Guidelines does recommend the use of an ultrasound as a diagnostic tool for patients with chronic elbow pain, suspect nerve entrapment or mass; with plain films non-diagnostic. Criteria for ultrasound with chronic elbow pain include suspect biceps tendon tear and/or bursitis, with plain films also non-diagnostic. In the case of this patient, plain film x-rays were reportedly taken in September of 2013. However, there are no official reports stating the findings from these imaging studies. Furthermore, there is no reference to further injuries or diagnosis pertaining to the patient's elbow at this time. The patient has simply had a complaint of chronic pain. Therefore, the requested service does not meet guideline criteria for a left brachial plexus ultrasound Doppler flow, nor does it meet guideline criteria for a piriformis ultrasound examination. As such, the requested services are non-certified.

(1) scalene intramuscular injection under ultrasound guidance between 9/3/3013 and 10/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122-123.

Decision rationale: The Chronic Pain Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome and not recommended for radicular pain. Criteria includes circumscribed trigger points with twitch response and referred pain, persistent symptoms greater than 3 months, failed medication management, radiculopathy not presented (by exam, imaging, or neurotesting); no more than 3 to 4 injections, and no repeat injections unless than greater than 50% pain relief for six (6) months. The patient was most recently seen on 09/03/2013, with a diagnosis of cervical radiculopathy, particularly hypoesthesia along the C8-T1 dermatomes, as well as numbness and tingling into the 4th and 5th left digits. Due to the diagnosis of radiculopathy, the requested service does not meet guideline criteria for a scalene intramuscular injection under ultrasound guidance. As such, the requested service is non-certified.

(1) prescription for Norco 10mg (through [redacted]) between 9/3/2013 and 10/25/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Guidelines indicate that opioids are not recommended for long-term use. The submitted documentation indicates that the last prescription for hydrocodone was prescribed on 11/18/2010. However, there is a lack of sufficient objective information pertaining to the efficacy from the use of this medication. The guidelines also indicate that patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain, which is hyperalgesia; a change in pain pattern; or persistence in pain at higher levels than expected. These types of changes occur in spite of incremental dose increases of medication. Opioids, in this case, actually increase rather than decrease sensitivity to noxious stimuli. It is important; therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require a weaning period. In the case of this patient, there is no documentation providing sufficient information as to the efficacy of the current narcotic use. Furthermore, the physician has failed to indicate how many tablets were dispensed at that time. With the lack of information pertaining to the functional improvements provided from the medication use as well as the lack of a completed prescription, the requested service cannot be warranted at this time.