MAXIMUS Federal Services

Case Number:	CM13-0042497		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2008
Decision Date:	06/04/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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 37 year old female with a history of an industrial injury on 01/15/2008. MRI of the cervical spine dated 01/25/2013 revealed mild multi-level intervertebral degeneratice disc disease most prominent at C4-5 and C6-7. EMG/NCS dated 03/19/2013 revealed evidence of right C6 radiculopathy and left sensory medican neuropathy. PR-2 dated 09/04/2013 states the patient reported flare ups of neck pain. She stated the cervical traction unit helped significantly in physical therapy and she wanted one at home to use as needed. Objective findings included spasms in the paraspinal muscles and stiffness; strength was 5/5 bilaterally. Pain management consult dated 10/17/2013 reports the patient to have 2/10 pain in the neck and right UE; numbness down the right arm, burning in the neck and neck to forehead pain on the right. The pain is reported as a bit improved over time but she would like additional improvement. Records reviewed for this visit included 07/02/2013 referal for cervical ESI for which an approval was obtained. On examination the patient had tenderness to palpation at the upper most levels for the CS, over C1-2 approximately midline and out to the right; compression and distraction were noncontributory; sensory changes notable in the C8 dermatome with weakness for elbow extension. It was the opinion of the examining physician that the patient most likely had a C1-2 cervical joint pain that could involve slightly lower levels causing her headaches and upper neck pain. Treatment plan was to continue with medications (anti-inflammatories and Vicodin). She was given information on cervical facetal blocks and the ESI. She stated she was going to hold off on the procedures and think about them.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS FOUR-SIX (4-6) INJECTIONS ONE-TWO (1-2) TIMES PER YEAR TO THE CERVICAL AND SHOULDER REGION: Upheld

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

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

Decision rationale: According to the CA MTUS, trigger point injecitons are recommended only for myofascial pain syndorme when all of the criteria are met. The "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" was not documented within the records provided. "Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain" was also not shown in the records provided. The criteria for "Radiculopathy is not present" is not correct for this patient as she has positive EMG studies showing C6 radiculopathy. Further, the request is for injections one to two times per year which is also outside the guideline recommendations. Guidelines state that injections should not be repeated unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The medical necessity for this procedure has not been established based on the guidelines provided above.

CERVICAL TRACTION UNIT FOR HOME USE (PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The CA MTUS states traction, as a physical treatment method is not recommended. There is no high grade scientific evidence to support the effectiveness or ineffectiveness. Medical necessity has not been established for this request.