

Case Number:	CM13-0048173		
Date Assigned:	01/24/2014	Date of Injury:	09/23/1998
Decision Date:	04/30/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/26/2013

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 & Rehabilitation, 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:

This is a patient with a date of injury of 9/23/98. An 8/19/13 medical report identifies pain in the neck, shoulders, and thoracic spine. Pain radiates to the bilateral upper extremities. Patient has tried pain management, nerve blocks, and trigger point injections with good relief. Patient reports that his functionality in ADLs is not what it was when he was getting the consistent treatments (TPIs along with IV lidocaine). On exam, there is stiffness and tenderness in the cervical spine, hyperirritable spots with palpable nodules in taut bands noted, and compression of the trigger point elicits local tenderness, referred pain, and a local twitch response. There is pain with cervical spine ROM and positive facet loading pain. There is increased tone and pain to palpation of the thoracic paraspinal muscles and facet joints. ROM is normal and hyperextension causes increased pain. In the lumbar spine, there is increased tone and pain to palpation with hyperirritable spots with palpable nodules in taut bands noted. SLR is positive and there is noted to be "right L5 dermatomal distribution" without further explanation. TPI/IV lidocaine treatment in the past is said to have kept the patient well maintained and more functional in ADLs with his medications than he is now. He does not want to increase pain medications and should be allowed to proceed with the TPI/IV lidocaine/occipital blocks that gave him relief and allowed him more functionality in ADLs. NSAIDs are contraindicated given history of kidney failure. He receives modest analgesia from pain medications. Assessment includes severe headaches due to GON. The report also notes that pain is severe in T6 to T12 area and TPI helped only temporarily. Recommendation was thoracic MBBs T7-T10 to help identify if thoracic facets are significant pain generators and, if so, RFA may be a useful modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRIGGER POINT INJECTION/INTRAVENOUS LIDOCAINE THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TRIGGER POINT INJECTIONS.

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

Decision rationale: The MTUS Chronic Pain Guidelines support the use of repeat trigger point injections when there is greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. They also note that trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroids are not recommended. Within the documentation available for review, there is no clear indication of at least 50% pain relief for 6 weeks after prior injections and specific examples of functional improvement provided by these injections. Furthermore, there is no clear indication or support for the addition of IV lidocaine therapy in conjunction with trigger point injections. In light of the above issues, the request is not medically necessary and appropriate.

BILATERAL GREATER OCCIPITAL NERVE BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, section on Greater occipital nerve blocks

Decision rationale: The ODG states that occipital nerve blocks are under study for treatment of occipital neuralgia and cervicogenic headaches as there is little evidence that the block provides sustained relief. They also cite that current reports of success are limited to small, noncontrolled case series and, although short-term improvement has been noted in 50-90% of patients, many studies only report immediate post injection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. Within the documentation available for review, there is no clear documentation of quantifiable long-term pain relief and specific examples of functional improvement to support the medical necessity of this treatment despite the recommendations of the guidelines. In light of the above issues, the currently request is not medically necessary and appropriate.

1 DIAGNOSTIC THORACIC FACET MEDIAL BRANCH BLOCK AT THE BILATERAL T7-T10 UNDER FLUOROSCOPIC GUIDANCE (3 LEVELS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

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, section on Facet joint injections.

Decision rationale: ODG states this treatment is not recommended, as there is limited research on therapeutic blocks or neurotomies in this region and the latter procedure (neurotomies) are not recommended. In light of the above issues, the currently request is not medically necessary and appropriate.