

Case Number:	CM13-0051991		
Date Assigned:	12/27/2013	Date of Injury:	03/15/2012
Decision Date:	06/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 54-year-old with reported date of injury on March 15, 2012; the worker was injured when she was assaulted by a student. The injured worker presented with decreased cervical spine range of motion, slightly decreased strength in the upper extremities, palpable muscle spasms across the neck, paracervical and upper trapezius with trigger points identified, increased pain on extension and rotation with tenderness over the facet joints left greater than right. The injured worker had a positive Spurling's on the right. The injured worker had diagnoses including status post L5-S1 fusion, cervical spasms, cervical radiculitis, neck pain, lower back pain, L4-5 facet arthropathy, L3-4 and L4-5 disc protrusions, C5-6 and C6-7 disc protrusions, spasm of muscle, brachial neuritis or radiculitis, cervicalgia, lumbago, and unspecified arthropathy. The physician's treatment plan on October 16, 2013 included right C3-4, C4-5, C5-6 facet blocks as well as trigger point injections due to cervical radiculitis and cervicalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE PARACERVICAL REGION, PERFORMED ON OCTOBER 16, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines note trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. The guidelines noted there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and injured workers should have symptoms which have persisted for more than three months. There should be evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants have failed to control the injured workers pain and radiculopathy must not be present (by exam, imaging, or neuro-testing). The guidelines recommend no more than Three to four injections per session should be administered. The guidelines note no repeat injections should be given without evidence of greater than 50% pain relief obtained for six weeks after the prior injection and there is documented evidence of functional improvement. Injections should not be given at an interval of less than two months. The clinical note dated October 16, 2013 indicated the injured worker had palpable muscle spasms across the neck and paracervical and upper trapezius with trigger points identified. The injured worker had increased pain on extension and rotation. It was noted the injured worker underwent repeat trigger point injections to the paracervical region. Within the provided documentation, the efficacy of the previous injections was unclear as there was a lack of documentation indicating the injured worker had greater than 50% relief of pain for at least 6 weeks after the prior injection as well as significant objective functional improvement after the injections. The request for trigger point injections to the paracervical region, performed on October 16, 2013 is not medically necessary or appropriate.

RIGHT SIDE 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, states invasive techniques, such as injection of facet joints, 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. The Official Disability Guidelines further state injured workers clinical presentations should be consistent with facet joint pain, signs & symptoms. The guidelines note the use of facet blocks is limited to injured workers with cervical pain that is non-radicular and at no more than two levels bilaterally. The guidelines recommend there should be documentation that injured workers have undergone and failed conservative treatment (including home exercise, PT [physical therapy] and NSAIDs [non-steroidal anti-inflammatory

drugs]) prior to the procedure for at least four to six weeks. The guidelines also note no more than two joint levels are injected in one session (see above for medial branch block levels). The clinical note dated November 13, 2013 noted the injured worker had a positive Spurling's on the right. The injured worker had increased pain on extension and rotation with tenderness over the facet joints on the left greater than the right. The injured worker had decreased strength and range of motion to the cervical spine. Within the provided documentation, the physician recommended the injured worker undergo facet blocks given her ongoing neck pain and her MRI findings. The request was for facet blocks at three levels, the guidelines recommend injured workers should only undergo injections at two joint levels per session. Additionally, the injured worker had a positive Spurling's test on the right which would indicate radicular symptoms. A complete assessment of the injured worker's neurologic condition relating to the cervical spine was not provided in the medical records in order to demonstrate a negative neurologic exam. The request for right side C3-4, C4-5, and C5-6 facet blocks is not medically necessary or appropriate.