

Case Number:	CM13-0060653		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2013
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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, 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:

This patient is 59-year-old female with date of injury of 08/19/2013. Per treating physician report, 11/12/2013, presenting symptoms are headaches, neck pain, right shoulder and elbow pain at an intensity of 7/10. Listed medications are ibuprofen, lorazepam, and amitriptyline. Amitriptyline is prescribed for insomnia. Examination showed tenderness to palpation at the cervical paraspinal musculature, right shoulder and right elbow. Treatment recommendations were to continue morphine, Elavil is to be increased, and request for acupuncture. An 08/21/2013 report by [REDACTED], as a Doctor's First Report of Injury, where the patient suffered an injury while taking a fall on to left knee, right arm, chin, and hyperextended neck. X-ray showed fracture of the distal radius and the presenting diagnoses were wrist pain, knee pain, neck pain, closed fracture of the distal radius and ulna. A report from 09/06/2013 by [REDACTED] states that the patient presents with depression and jaw pain that occurred with her accident, pain is described as posterior neck pain, no radiation, and injury was hyperextension. Examination showed no specific area of tenderness. The patient stated that it just hurts. Then it states under palpation that pain is elicited over the cervical nontender spinous process and bilateral cervical paraspinal muscles and tender paracervical muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC MEDIAL BRANCH NERVE INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: Review of the reports show that the patient presents with posterior and bilateral neck pain. Examination findings from 11/12/2013 shows that the patient has tenderness to palpation, 09/06/2013 report discusses pain with palpation around the paracervical muscles but not posteriorly. Pain is described as located posteriorly in one report, and just neck and right shoulder on other reports. MTUS Guidelines do not discuss facet injections. ACOEM Guidelines page 174 does support cervical facet rhizotomy procedure which has had a positive response to facet injections. ODG Guidelines have more specific discussion regarding facet joint syndrome and for diagnostic blocks, one set of diagnostic medial branch blocks are recommended and limited to patients with cervical pain that is non-radicular and no more than 2 levels bilaterally. Under facet joint pain signs and symptoms, it states that the most common symptom is unilateral pain that does not radiate past the shoulder. In this patient, unilateral pain symptoms are not well-documented. While the treating physician provides documentation of tenderness to paracervical musculature upon palpation, the physician does not specify which levels to be tested. While the criteria for facet diagnostic evaluation simply requires axial neck pain/unilateral pain, along with tenderness to palpation of paravertebral areas over facet region, and absence of radicular symptoms; in this request, the treating physician does not specify which levels should be tested. ODG Guidelines do not recommend testing more than 2 levels at a time. Recommendation is for denial.

AN EVALUATION WITH A PSYCHIATRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

Decision rationale: This patient presents with persistent neck pain, shoulder pain, wrist/forearm pain following a fall injury. [REDACTED] report on 09/06/2013 does document not only pain, but depression that this patient is experiencing. ACOEM Guidelines page 127 does allow for specialist referral if the diagnosis is uncertain or extremely complex when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Given this patient's depression and the request for psychiatry, recommendation is for authorization.

AMITRIPTYLINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Amitriptyline Page(s): 13.

Decision rationale: This patient presents with persistent neck pain, shoulder, and right upper extremity pain, as well as insomnia. There is a request for amitriptyline to be used for patient's insomnia. MTUS Guidelines states that amitriptyline is recommended and considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. MTUS page 14 also supports use of Elavil for fibromyalgia and chronic low back pain. Recommendation is for authorization.