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| Case Number: | CM13-0062112 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 04/26/2013 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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 Internal Medicine and Emergency Medicine 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:

This patient is a 43 year-old with a date of injury of 04/26/13. A progress report associated with the request for services, dated 11/05/13, identified subjective complaints of neck pain into the shoulder blades and left shoulder pain. Objective findings included tenderness to palpation of the cervical spine with some decreased range-of-motion. Sensation, motor function, and reflexes were normal. Diagnoses included cervical and lumbar disc disease with facet arthropathy and left shoulder impingement. Treatment has included oral opioids, muscle relaxants, and antidepressants. A Utilization Review determination was rendered on 11/19/13 recommending non-certification of "right C5-C6 medial branch block/facet injection qty: 1.00; left C5-C6 medial branch block/facet injection qty: 1.00; right C6-C7 medial branch block/facet injection qty: 1.00; left C6-C7 medial branch block/facet injection qty: 1.00; and retrospective steroid injection left shoulder qty: 1.00".

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C5-C6 MEDIAL BRANCH BLOCK/FACET INJECTION QTY:1.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states diagnostic blocks are not recommended. The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include one set of diagnostic medial branch blocks is required with a response of > 70%; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; no more than two facet joint levels are injected in one session (3 nerves); there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety; To more accurately locate the level of involvement, the amount of injectate should be limited to 0.25 - 0.5 cc and diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level or in whom surgery is planned. In this case, the above criteria have not been met. Specifically, there is no documentation of the failure of conservative management including physical therapy and home exercises. Therefore, there is no documentation in the record for the medical necessity of a right medial branch block / facet joint injection at C5-C6.

LEFT C5-C6 MEDIAL BRANCH BLOCK/FACET INJECTION QTY:1.00: 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 Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states diagnostic blocks are not recommended. The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include one set of diagnostic medial branch blocks is required with a response of > 70%; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; no more than two facet joint levels are injected in one session (3 nerves); there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety; To more accurately locate the level of involvement, the amount of injectate should be limited to 0.25 - 0.5 cc and diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level or in whom surgery is planned. In this case, the above criteria have not been met. Specifically, there is no documentation of the failure of conservative management including physical therapy and home exercises. Therefore, there is no documentation in the record for the medical necessity of a left medial branch block / facet joint injection at C5-C6.

RIGHT C6-C7 MEDIAL BRANCH BLOCK/FACET INJECTION QTY:1.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states diagnostic blocks are not recommended. The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include one set of diagnostic medial branch blocks is required with a response of > 70%; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; no more than two facet joint levels are injected in one session (3 nerves); there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety; To more accurately locate the level of involvement, the amount of injectate should be limited to 0.25 - 0.5 cc and diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level or in whom surgery is planned. In this case, the above criteria have not been met. Specifically, there is no documentation of the failure of conservative management including physical therapy and home exercises. Therefore, there is no documentation in the record for the medical necessity of a right medial branch block / facet joint injection at C6-C7.

LEFT C6-C7 MEDIAL BRANCH BLOCK/FACET INJECTION QTY:1.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back, Facet Joint Diagnostic Blocks.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states diagnostic blocks are not recommended. The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include one set of diagnostic medial branch blocks is required with a response of > 70%; limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; no more than two facet joint levels are injected in one session (3 nerves); there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety; To more accurately locate the level

of involvement, the amount of injectate should be limited to 0.25 - 0.5 cc and diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level or in whom surgery is planned. In this case, the above criteria have not been met. Specifically, there is no documentation of the failure of conservative management including physical therapy and home exercises. Therefore, there is no documentation in the record for the medical necessity of a left medial branch block / facet joint injection at C6-C7.

RETROSPECTIVE STEROID INJECTION LEFT SHOULDER QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204; 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states: "If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections." The Official Disability Guidelines (ODG) lists the following criteria for steroid injections to the shoulder: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (physical therapy and exercise; NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities; intended for short-term control of symptoms to resume Final Determination Letter for IMR Case Number CM13-0062112 6 conservative medical management; generally performed without fluoroscopic guidance or ultrasound guidance; only one injection should be scheduled to start, rather than series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option and the number of injections should be limited to three. In this case, the record states that the claimant has impingement of the shoulder. However, there is no documentation of conservative therapy, specifically strengthening. Therefore, the record does not document the medical necessity for a steroid injection into the shoulder.