

Case Number:	CM13-0063307		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2011
Decision Date:	04/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 58-year-old who reported an injury on 02/28/2011. The mechanism of injury was a motor vehicle accident. The patient's diagnoses were noted to include probable bilateral recurrent laryngeal nerve injury, status post L4-5 laminectomy and discectomy with residual bilateral lower extremities radiculopathy, status post C3-6 anterior cervical discectomy and fusion in 06/2012, and status post cervical fusion C3 to C6 in 03/2013 with removal of anterior fusion hardware. The patient was noted to be treated with trigger point injections on 09/05/2013. The most recent documentation dated 10/17/2013 revealed the patient had tenderness to palpation in the posterior cervical spine musculature, trapezius, and medial scapular and suboccipital region. The patient had multiple trigger points and taut bands that were palpated throughout. The patient had a sensory examination with Wartenberg pinprick wheel that was decreased in the posterolateral arm and lateral forearms. There was decreased motor strength abduction of the arms and extension of the triceps. The treatment plan indicated the patient's neck pain and headaches were steadily worsened. The patient suffered a diagnosed cervical post-laminectomy syndrome with mild cervical dystonia leading to chronic cervicogenic headaches which occasionally turn into migraines. The patient responded well to repeated trigger points and occipital nerve blocks in the past and that the physician opined botulinum would be beneficial in treating the patient's headache. The request was for botulinum toxin 300 units to be administered to the patient's cervical and suboccipital region, as the patient suffered from a mild form of post-traumatic cervical dystonia. Additionally, it was indicated that botulinum toxin is medically indicated and used for the treatment of fibromyalgia/ myofascial pain syndrome as the patient got debilitating headaches as result of the cervical muscle contractions leading to abnormal posture/alignment of the neck and shoulder girdle. The treatment plan went on to indicate the patient had palpable trigger points with discrete focal

tenderness in a palpable taut band of skeletal muscle which produced a local twitch response to stimulus to the band and the patient was given trigger point injections which the patient reported good pain relief of greater than 50% and increased range of motion a few minutes later. The patient was noted to be dispensed Imitrex 100 mg for the headaches. The request was made for electrodiagnostic studies of the upper extremities and lower extremities and a TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 lumbar paraspinous trigger point injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121-122.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the patient had trigger points and taut bands with tenderness to palpation throughout the lumbar spine. However, the patient had sensory examination which revealed decreased sensation in the L5 distribution. The patient had straight leg raise that was positive at 60 degrees bilaterally and decreased motor strength in the dorsiflexion of the bilateral ankles. Additionally, the patient indicated they had 50% pain relief for a few minutes; however, there was lack of documentation of objective functional improvement to support additional injections. The patient was noted to have injections on 09/05/2013 and again on 10/17/2013 and the frequency should not be at an interval less than 2 months according to the Chronic Pain Medical Treatment Guidelines. The request failed to specify the number of injections being requested. The request for bilateral L5-S1 lumbar paraspinous trigger point injections is not medically necessary or appropriate.

Bilateral occipital nerve blocks under fluoroscopic guidance with Mycobacterium Avium Complex (MAC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Greater Occipital Nerve Blocks.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines indicate greater occipital nerve blocks are under study for the use in treatment of primary headaches. A recent study has shown that greater occipital nerve blocks are not effective for the treatment of chronic tension headaches. The clinical documentation submitted for review indicated the physician was requesting botulinum toxin 300 units to be administered to the patient's cervical and suboccipital region. The patient was prescribed Imitrex for the headaches. As greater occipital nerve blocks are under study and there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, this request would not be supported. Official Disability Guidelines do not support the necessity for fluoroscopy or anesthesia for this procedure. Additionally, the patient was noted to be given Imitrex and there was a lack of documentation indicating the patient's response to the lower level of care. The request for bilateral occipital nerve blocks under fluoroscopic guidance with MAC is not medically necessary or appropriate.

Intravenous sedation, provided on October 7, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic blocks

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines indicate the use of intravenous sedation may be grounds to negate the results of a diagnostic block and should be only given in cases of extreme anxiety. The clinical documentation submitted for review indicated the requested procedure was performed on 10/17/2013. The request as submitted indicated the procedure was on 10/07/2013. There was lack of documentation indicating the patient had a procedure on that date of service. There was lack of documentation indicating the rationale for the requested IV sedation. The request for intravenous sedation, provided on October 7, 2013, is not medically necessary or appropriate.