

Case Number:	CM13-0064720		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2005
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/12/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 58-year-old female who reported a work-related injury on 02/01/2005. Per recent clinical documentation submitted for review, the patient has complaints of right-sided neck pain and right upper back pain with pain down the right upper extremity and tingling involving her fingers. She reported her right forearm and hand was consistently warmer than the left. The patient has undergone Botox injections to her right upper back and also neck muscle groups for the diagnosis of dystonia and myofascial pain. The patient reported the injections did not help. Physical exam of the cervical spine revealed tenderness in the lateral lower cervical spine on the right side, over the areas of the facet joints with palpable muscle spasm and muscle tenderness. In the upper extremities, there was no allodynia and the right forearm and hand were warmer to touch than the left. A request was made for prospective right C5-6 and C6-7 diagnostic facet joint injection and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT C5-6 AND C6-7 DIAGNOSTIC FACET JOINT INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

Decision rationale: Official Disability Guidelines state criteria for the use of diagnostic blocks for facet nerve pain include that facet injections are limited to patients with cervical pain that is non-radicular and there is documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Per recent clinical documentation, the patient had been receiving ongoing treatment for multiple diagnoses that could be contributing to her right sided neck and upper back pain. She has had thoracic outlet syndrome surgery, injections and has tried multiple medications including gabapentin, tramadol, and Zanaflex. She has received multiple interventions in the recent months and years for her right upper extremity and upper back pain that has not been successful. The physician requested facet injections for the patient to see if this could be her source of pain. Therefore, the decision for prospective request for 1 right C5-6 and C6-7 diagnostic facet joint injection is certified.

PROSPECTIVE REQUEST FOR 1 URINE DRUG SCREEN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009) Indicators of substance abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Recent clinical documentation stated the patient's medications included Zanaflex, gabapentin, tramadol, and Xanax. Urine drug screen dated 04/25/2013 revealed positive findings for tramadol. California Medical Treatment Guidelines for chronic pain state that drug testing is recommended as an option to assess for the use or the presence of illegal drugs. Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification including the use of a testing instrument. Guidelines state that patients at low risk of addiction and aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. It has been a year since the patient's last urine drug screen. Therefore, the decision for prospective request for 1 urine drug screen is certified.