

Case Number:	CM14-0002407		
Date Assigned:	01/24/2014	Date of Injury:	05/12/2006
Decision Date:	06/16/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 and Rehabilitation 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:

The injured worker is a 61-year-old male who reported injury on 05/12/2006. The mechanism of injury was the patient was inspecting for asbestos removal in an attic when he forcefully struck his head into a joist. The patient had participated in physical therapy. The patient had cervical spine surgery in 2008. The patient has undergone multiple urine drug screens. The most recent documentation was dated 06/28/2013. The patient indicated he had ongoing upper cervical pain, posterior headaches, and low back pain. The pain in the neck was burning and shooting, going down both upper extremities. The physical examination of the cervical spine revealed tenderness of the paracervical, increased muscle tone in the trapezius, and trapezius trigger point pain. There was bilateral tenderness of the transverse process at C3. At C7, there was decreased sensation in the middle finger and decreased sensation of the 4th and 5th digits in the ulnar hand and distal forearm. The worst pain was with axial loading while in extension. The diagnoses included cervicgia/neck pain, facet syndrome, and thoracic or lumbar spondylosis with myelopathy in the lumbar region. It was indicated that the physician was awaiting authorization for diagnostic facet injections at C2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONFIRMATORY INJECTION OF MEDIAL BRANCH NERVES C2-3: Upheld

Claims Administrator 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).

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 Chapter, Criteria for the use of diagnostic blocks for facet nerve pain

Decision rationale: MTUS/ACOEM Guidelines indicate that diagnostic 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. As such, application of secondary guidelines was sought. The Official Disability Guidelines indicate that the criteria for the use of diagnostic blocks for facet nerve pain include clinical presentation should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region), a decreased range of motion (particularly with extension and rotation), and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted, pathology in this region should be excluded. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 weeks to 6 weeks. The clinical documentation submitted for review indicated the injured worker had tenderness to palpation over the paravertebral areas. The documentation indicates that there has been authorization for a confirmatory injection at the level of C2-3. There was no DWC Form RFA nor PR-2 submitted for the requested procedure to indicate if the injured worker had undergone the approved treatment. There was lack of documentation of recent objective findings to support that there were no radicular findings and to indicate if there was failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Given the above, the request for confirmatory injection of medial branch nerves C2-3 is not medically necessary and appropriate.

OUTPATIENT FACILITY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that urine drug screens are appropriate when there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had undergone multiple urine drug screens. There was lack of documentation indicating if the patient had issues of abuse, addiction, or poor pain control. Given the above, the request for urine drug screen is not medically necessary and appropriate.