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| Case Number: | CM14-0009959 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 03/15/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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 patient is a 54-year-old female who has submitted a claim for muscle spasm, brachial neuritis or radiculitis NOS, cervicalgia, lumbago, and other specified arthropathy, associated with an industrial injury date of March 15, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain, right greater than left. Physical examination of the cervical spine showed limitation of motion; tenderness over the facet joints, left greater than right; muscle spasms across the paracervical and upper trapezius with trigger points; and positive Spurling's on the right. X-ray of the cervical spine obtained on February 7, 2013 was normal. MRI of the cervical spine on February 7, 2013 revealed mild 2mm disc bulges or protrusions. There is no central canal or neural foraminal stenosis. The diagnoses were cervical spasms, cervical radiculitis, and cervicalgia. Treatment to date has included oral analgesics and cervical trigger point injections. Utilization review from January 13, 2014 denied the request for right-sided C3-4, C4-5, C5-6 facet blocks because no new information has been presented to overturn the prior cervical facet injection denial. The retrospective request for paracervical trigger point injections was also denied. The reason for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Facet Blocks, C3-4, C4-5, C5-6 RIGHT SIDE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. The ODG criteria for the use of diagnostic blocks for facet nerve pain are: limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this case, there was no objective evidence of failure of conservative treatment to improve pain. Moreover, the request includes 3 cervical spine levels to be injected. The guideline does not recommend facet blocks on more than two levels to be given in one session. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for cervical facet blocks, C3-4, C4-5, C5-6 right side is not medically necessary.

Retrospective Paracervical Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: As stated on page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. All of the following criteria should be met: 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 have failed to control pain; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, there was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain on the most recent physical examination. Moreover, there was no objective evidence of trial and failure of other guideline-recommended conservative management to relieve pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Retrospective Paracervical Trigger Point Injections Is not medically necessary.