MAXIMUS Federal Services

Case Number:	CM14-0010123		
Date Assigned:	02/21/2014	Date of Injury:	12/10/2012
Decision Date:	06/25/2014	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 Physical Medicine & 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 patient is a 71 year old male who was injured on 12/10/2012. He was involved in a rear-ended accident. He was stopped at a red light when another car severely rear-ended him. Prior treatment history has included acupuncture, physical therapy, chiropractic treatment, and ESI. Diagnostic studies reviewed include MRI of the cervical spine without contrast dated 04/20/2013 demonstrates 1) At C4-C5, there is a 3 mm posterior central disk protrusion. The thecal sac and neural foramina are normal. 2) At C5-C6, there is a 2 mm posterior disk bulge and mild right neural foraminal narrowing is seen. 3) At C6-C7, there is mild disk narrowing. There is a 2 mm posterior disk/osteophyte complex. There is moderate right and moderate to severe left neural foraminal narrowing. MRI of the lumbar spine dated 06/15/2013 shows a 3 mm diffuse broad-based disk bulge along with hypertrophic changes of the facet joints and ligamentum flavum redundancy at the L4-L5 level, causing moderate bilateral lateral recess stenosis. There is moderate right and mild left neural foraminal stenosis. There is also a 2-3 mm diffuse broad-based disk bulging along with hypertrophic changes of the facet joints at the L5-S1 level, causing mild bilateral neural foraminal stenosis. Neurosurgical consultation report dated 12/18/2013 indicates the patient presents with severe low back pain as well as neck and shoulder pain. He has had extensive conservative treatment including 10 sessions of the patient with no help as well as acupuncture six sessions with no help and chiropractic treatment. Also, he has had one epidural steroid injection with no help. Objective findings on exam reveal the patient to be awake, alert, and cooperative with examination and he is able to stand up and ambulate and do heel-to-toe walk. His motor strength and sensory exam is intact and deep tendon reflexes are symmetric. Cranial nerves are intact and the remainder of the neurologic exam is unremarkable. The patient is diagnosed with multisegmental lumbar facet arthropathy and spondylosis as well as degenerative disc disease and disc bulges and spondylosis of the lumbar spine from L3

through S1; cervicalgia and neck pain. He has had extensive nonoperative measures with only minimal improvement. At this time, it is recommended that he undergo facet blocks at L4-L5 and L5-S1 bilaterally as well as possible facet blocks and/or trigger point injections at C4-C5, C5-C6, and C6-C7 posteriorly for his cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS AT L4-L5 AND L5-S1 BILATERAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 300

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections) & Facet joint pain, signs & symptoms

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to the Official Disability Guidelines, the most common symptom of facet pain is unilateral pain that does not radiate. Characteristics are generally described as the following: (1) axial neck/back pain; (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); (4) absence of radicular and/or neurologic findings. However, the clinical information is very limited and there is no documentation of the characteristics stated above. Due to the lack of such documentation, medical necessity of the request cannot be established. Consequently, the medical records do not establish the request for facet injection is appropriate or medically indicated for the treatment of this patient.

TRIGGER POINT INJECTIONS AT C4-C5, C5-C6 AND C6-C7 POSTERIORLY FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS, 122

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

Decision rationale: As per CA MTUS guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic neck or back pain with myofascial pain syndrome, when all the following criteria are met: 1) Documentation of circumscribed trigger points with evidence of a twitch response upon palpation, as well as referred pain; 2) Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;

4) Radiculopathy is not present (by exam, imaging or neuro testing); 5) not more than 3-4 injections per session; 6) 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; 7) frequency should not be at an interval less than two months; 8) TPI with any substance (e.g. saline or glucose) other than local anesthetic with and without steroid is not recommended. The above criteria are not met in this case due to lack of evidence and documentation and thus the request for TPI is not medically necessary.