

Case Number:	CM14-0017773		
Date Assigned:	04/16/2014	Date of Injury:	10/10/2007
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 patient is a 48 year old female who was injured on 10/10/2007 while working as a pharmacy technician due to cumulative trauma from opening/closing pill bottles when she developed increasing numbness and tingling in the right upper extremity. Prior treatment history has included a left occipital nerve block injection on 12/19/2013 which offered moderate short term relief. Diagnostic studies reviewed include MRI of the left brachial plexus dated 11/21/2012 revealed a normal MRI of the left brachial plexus. EMG/NCS dated 09/14/2012 shows cervical radiculitis involving the cervical 5, 6 and 7 roots bilaterally, the right cervical C6 and C7 roots were affected more than others. There is minimal median neuritis at the wrist (carpal tunnel syndrome) on both sides. MRI of the cervical spine dated 09/12/2012 shows a C3-4 small anterior spur. There are moderate left facet degenerative changes. There is mild to moderate left neural foraminal narrowing; C4-5 there is mild disc desiccation. There is 1-2 mm central disc protrusion slightly indenting the anterior cord. There are mild to moderate left facet degenerative changes. There is minimal left neural foraminal narrowing. C5-C6, there are mild right facet degenerative changes. There is mild right neural foraminal narrowing. Office note dated 01/02/2014 states the patient complains of neck pain. She complains of pain in the neck that radiates to the left side of the head and arm. The pain is sharp and dull in nature. It is increased with the application of ice with tenderness, swelling, and stiffness. She also notes headaches. On exam, she is tender to palpation bilaterally, left greater than right, in the trapezius, splenius capitis, scalene and sternocleidomastoid. Range of motion exhibits extension is decreased, with pain; flexion is decreased with pain, bilateral lateral neck is decreased with pain. There is tenderness over the bilateral cervical paraspinal muscles and over the bilateral lumbar facets. Motor strength is 5/5 in all muscle groups. C5-C8 sensory to light touch is intact and symmetrical as well as L2-S1. The patient reports the current prescribed pain medications

provide the ability to perform household chores. The diagnoses are degenerative cervical intervertebral disc; Unspecified D/O bursitis and tenderness of the shoulder region; other syndromes affect cervical region; cervicgia and headache. The following is being requested: left occipital nerve cryoneurolysis; left trigger point injections to trapezius, scalene, splenius capitis and sternocleidomastoid muscles; second set of C3-4, C4-5 and C5-6 facet injections; refer to physical therapy for twice a week for 4 weeks. She is given a trial of ionophoresis, cold laser and TENS unit as adjunct modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCIPITAL NERVE CRYONEUROLYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prospective Evaluation Of Cryoneurolysis For Refractory Neuralgia - A.T. Ryan*, V. Grechushkin, B. Durkin, W. Moore.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prospective evaluation of cryoneurolysis for refractory neuralgia. A.T. Ryan*, V. Grechushkin, B. Durkin, W. Moore

Decision rationale: The California MTUS and the ODG have not addressed the issue of dispute. According to the JVIR, Cryoneurolysis is a potential treatment for patients with neuralgia pain symptoms when conventional treatments fail. The medical records document the patient was diagnosed with degenerative cervical intervertebral disc, cervicgia, and headache. The patient had received left occipital nerve blocks twice which were dated 8/20/2013 and 12/19/2013 which provided 95% improvement more than 12 hours, and then had 70-75% improvement by day 8-9 post procedure. In the absence of documented failure of trial conventional treatment, the request is not medically necessary according to the guidelines.

CERVICAL FACET INJECTIONS UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Facet joint Therapeutic Steroid Injections.

Decision rationale: The California MTUS guidelines have not addressed the issue of dispute. According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intrarticular and medial branch blocks if used anyway : There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if

the medial branch block is positive), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time, If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy, There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy, No more than one therapeutic intra-articular block is recommended. The medical records document the patient was diagnosed with degenerative cervical intervertebral disc, cervicgia, and headache. The patient had received cervical facet injection of level C3-C4, C4-C5, and C5-C6 which were dated 8/20/2013 and 12/19/2013 which provided moderate short-tem relief. In the absence of documented pain relief for duration of at least 6 weeks after the injection, and as the request does not specify which level need to be injected and the patient not in a formal plan of rehabilitation, the request is not medically necessary according to the guidelines.

TRIGGER POINT INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: According to the California MTUS guidelines, trigger point injection is recommended with the following criteria: 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 and muscle relaxants have failed to control pain, Radiculopathy is not present (by exam, imaging, or neuro-testing), Not more than 3-4 injections per session, 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, Frequency should not be at an interval less than two months, Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical records document the patient was diagnosed with degenerative cervical intervertebral disc, cervicgia, and headache. As the medical records shows the patient has radiculitis by subjective complaints and proved with MRI cervical dated 11/21/2012 and electrodiagnostic studies which dated 9/12/2012, the request is not medically necessary according to the guidelines.

PHYSICAL THERAPY 2X4 TO CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: According to the California MTUS guidelines, physical medicine is recommended as a modality of treatment to decrease the pain, reduce the swelling, and improve ROM. In physical medicine, allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active Self-directed home Physical Medicine are recommended. The medical records document the patient was diagnosed with degenerative cervical intervertebral disc, cervicalgia. The request does not follow the guidelines in allowing for fading of treatment frequency, the request is not medically necessary at this time according to the guidelines.