

Case Number:	CM14-0087586		
Date Assigned:	07/23/2014	Date of Injury:	02/28/2010
Decision Date:	10/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of February 28, 2010. A Utilization Review was performed on June 3, 2014 and recommended non-certification of C4-5 facet block, C5-6 facet block, C6-7 facet block, and trigger point injection. There is note of trigger point injections having been performed on April 23, 2014. A Follow-up Report dated May 20, 2014 identifies History of symptoms remain unchanged. Physical Examination identifies limited active range of motion, worse with active extension and side rotation. There is limited bending and side rotation on right side especially. Injured worker has positive cervical facet joint maneuver, tender over C4-5, C5-6, and C6-7 on the right side. Impression identifies chronic neck pain status post shoulder surgery and chronic pain syndrome. Discussion and Plan identifies await trigger point injection and cervical facet joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 facet block QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck Chapter, Cervical Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet Joint Diagnostic Blocks, Facet Joint Pain Signs and Symptoms, Facet Joint Therapeutic Steroid Injections

Decision rationale: The request for C4-5 facet block QTY: 1, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 3 joint levels. Guidelines do not recommend more than 2 joint levels injected in one session. Additionally, it is unclear if the patient has attempted home exercise, physical therapy, and NSAIDs specifically addressing the patient's cervical spine condition, prior to the requested cervical medial branch blocks. In the absence of clarity regarding these issues, the currently requested C4-5 facet blocks QTY: 1 is not medically necessary.

C5-6 facet block QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck Chapter: Cervical Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation ODG, Neck Chapter Facet Joint Diagnostic Blocks, Facet Joint Pain Signs and Symptoms, Facet Joint Therapeutic Steroid Injections.

Decision rationale: The request for 5-6 facet block QTY: 1, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 3 joint levels. Guidelines do not recommend more than 2 joint levels injected in one session. Additionally, it is unclear if the patient has attempted home exercise, physical therapy, and NSAIDs specifically addressing the patient's cervical spine condition, prior to the requested cervical medial branch blocks. In the absence of clarity regarding these issues, the currently requested C5-6 facet blocks QTY: 1 is not medically necessary.

C6-7 facet block, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck Chapter: Cervical Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Neck Chapter Facet Joint Diagnostic Blocks, Facet Joint Pain Signs and Symptoms, Facet Joint Therapeutic Steroid Injections

Decision rationale: The request for C6-7 facet block QTY: 1, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the documentation available for review, the requesting physician has asked for 3 joint levels. Guidelines do not recommend more than 2 joint levels injected in one session. Additionally, it is unclear if the patient has attempted home exercise, physical therapy, and NSAIDs specifically addressing the patient's cervical spine condition, prior to the requested cervical medial branch blocks. In the absence of clarity regarding these issues, the currently requested C6-7 facet blocks QTY: 1 is not medically necessary.

Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections Page(s): Page: 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, and Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injection, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, the patient previously underwent trigger point injections. However, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injection is not medically necessary.