

Case Number:	CM14-0189708		
Date Assigned:	11/20/2014	Date of Injury:	11/01/2002
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Acupuncture and 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:

This is a 66 year old female injured worker with date of injury 11/1/02 with related neck pain. Per progress report dated 10/10/14, it was noted that there were palpable trigger points in the cervical spine, as well as tenderness over the bilateral facets. Facet loading was positive bilaterally and Tinel's test was positive. Sensory examination revealed diminished sensation in the bilateral upper extremities and grip strength was noted to be decreased. Electromyography/ Nerve Conduction Velocity (EMG/NCV) dated 7/22/13 revealed evidence of bilateral median neuropathy. Magnetic resonance imaging (MRI) of the cervical spine dated 12/11/02 revealed mild narrowing and disc desiccation at multiple levels. Treatment to date has included physical therapy, and medication management. The date of UR decision was 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-CS and C5/C6 Facet Joint Injection: 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), Cervical Facet Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Intra-Articular Injections.

Decision rationale: The MTUS is silent on the use of facet injections. Per the ODG guidelines, cervical therapeutic facet block injections are not recommended as there is a lack of high quality studies to support their use. It should be noted that the UR physician has certified a modification of the request for C4-C5 and C5-C6 diagnostic medial branch blocks. The request for Bilateral C4-CS and C5/C6 Facet Joint Injection is not medically necessary.

P-Stim: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: MTUS is silent on this specific device, which may be used to provide TENS as well as NMES therapy, among its multiple modes. Galvanic stimulation and NMES are specifically not recommended by the MTUS. This device has the ability to function in a manner similar to a TENS unit, however; there were no documentation of a TENS trial nor that the patient is in a functional restoration program. MTUS recommends against NMES, and TENS or interferential current systems as isolated modalities. The indication for P-stim in a manner similar to spinal cord stimulation has not been established in the MTUS or ODG. The request is not medically necessary.