

Case Number:	CM14-0197297		
Date Assigned:	12/05/2014	Date of Injury:	12/05/2011
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 56 year old female who was injured on 12/5/2011. She was diagnosed with bilateral medial compartment (knee) osteoarthritis, bilateral patellofemoral pain syndrome/osteoarthritis, lumbar disc disease, lumbar spinal stenosis, lumbar radiculitis, cervical spinal stenosis, chronic neck pain, upper extremity paresthesias, bilateral carpal tunnel syndrome, myofascial pain, and obesity. She was treated with medications, exercises, physical therapy, lumbar epidural injection, surgery (right wrist, cervical fusion) H-wave, ice, water therapy, and knee injection. On 9/16/14, cervical MRI was completed and showed severe facet arthropathy at the C2-3 and C4-5 levels with associated moderate foraminal stenosis at these levels. On 10/2/14, the worker was seen by her primary treating physician reporting persistent numbness, tingling and "itchy" sensation throughout her face, arms, and legs, and into her stomach and groin area. Her gabapentin had helped to decrease the tingling somewhat. She also described a pressure sensation behind her left ear as well as neck pain rated 2-4/10 on the pain scale with radiation to her arms with associated numbness of the arms. She also reported pain in her right knee rated 6/10 on the pain scale. Low back pain was also reported at a level 3/10 on the pain scale, and reported numbness in her toes of her left foot. Cervical and upper extremity physical examination revealed tenderness over paraspinal muscles, tenderness of upper trapezius muscles, and tenderness over the cervical and lumbar facet joints to palpation. Spurling's sign was positive, slightly decreased grip strength of bilateral upper extremities, and decreased sensation of anterior upper arms. She was recommended left C2-3 and left C4-5 facet joint injections and bilateral upper extremity nerve testing. She was also recommended a consultation with neurology to evaluate her facial tingling and numbness and to rule out cranial nerve involvement. She was also recommended to continue her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C2-3 facet injection under fluoroscopic guidance and conscious sedation: 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), Online

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 Section, Facet Joint Diagnostic Blocks

Decision rationale: The MTUS Guidelines do not address facet joint injections. The Official Disability Guidelines (ODG) suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including: One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine); limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; documentation of failure of conservative treatments for at least 4-6 weeks prior; no more than 2 facet joints injected in one session,; recommended volume of no more than 0.5 cc per joint; no pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards; opioids should not be given as a sedative during procedure; IV sedation is discouraged, and only for extremely anxious patients; pain relief should be documented before and after a diagnostic block; diagnostic blocks are not to be done on patients who are to get a surgical procedure; diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection; and facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker, there seems to be some evidence for neurological impingement contributing to her pain (cervical radiculopathy), and also facet joint pain (tenderness at facet joints); however, she also was reporting other symptoms such as facial numbness. Based on the guidelines and medical records, the injured worker has not met all the criteria for the diagnosis of facet joint pain (radiculopathy). Therefore, this request is not medically necessary.

Left C4-5 facet injection under fluoroscopic guidance and conscious sedation: 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), Online

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 Section, Facet Joint Diagnostic Blocks

Decision rationale: The MTUS Guidelines do not address facet joint injections. The Official Disability Guidelines (ODG) suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including: One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine); limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally; documentation of failure of conservative treatments for at least 4-6 weeks prior; no more than 2 facet joints injected in one session; recommended volume of no more than 0.5 cc per joint; no pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards; opioids should not be given as a sedative during procedure; IV sedation is discouraged, and only for extremely anxious patients; pain relief should be documented before and after a diagnostic block; diagnostic blocks are not to be done on patients who are to get a surgical procedure; diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection; and facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker, there seems to be some evidence for neurological impingement contributing to her pain (cervical radiculopathy), and also facet joint pain (tenderness at facet joints); however, she also was reporting other symptoms such as facial numbness. Based on the guidelines and medical records, the injured worker has not met all the criteria for the diagnosis of facet joint pain (radiculopathy). Therefore, this request is not medically necessary.

EMG right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, cervical radicular symptoms as well as facial symptoms were reported. Based on the guidelines and the medical records, this request is medically necessary.

EMG left upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, cervical radicular symptoms as well as facial symptoms were reported. Based on the guidelines and the medical records, this request is medically necessary.

Nerve conduction study right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, cervical radicular symptoms as well as facial symptoms were reported. Based on the guidelines and the medical records, this request is medically necessary.

Nerve conduction study left upper extremity: Overturned

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

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Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 periods (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, cervical radicular symptoms as well as facial symptoms were reported. Based on the guidelines and the medical records, this request is medically necessary.