

Case Number:	CM15-0107599		
Date Assigned:	06/12/2015	Date of Injury:	05/26/2004
Decision Date:	07/13/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 53 year old female, who sustained an industrial/work injury on 5/26/04. She reported initial complaints of neck pain and upper extremity pain. The injured worker was diagnosed as having other symptoms referable to back (neuropathic and musculoskeletal pain), vertigo, cervical and thoracic outlet syndrome. Treatment to date has included medication, cervical facet joint injection on 11/19/14, H-wave, transcutaneous electrical nerve stimulation (TENS) unit, aquatics, and massage therapy. Currently, the injured worker complains of increasing neck pain. Per the primary physician's progress report (PR-2) on 5/18/15, examination cervical flexion is 50 % of normal with neck pain, right and left rotation is 30% of normal, and extension is 50% of normal with neck pain. There is tenderness to palpation over the cervical paraspinals. Current plan of care included pain management with refill of medications and procedure with transcutaneous electrical nerve stimulation (TENS) unit replacement. The requested treatments include OPSX radiofrequency ablation at C3-C6, bilateral, transcutaneous electrical nerve stimulation (TENS) unit replacement, and Botox 100 units with EMG guidance to be injection to upper trapezius, scalene, cervical paraspinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPSX radiofrequency ablation at C3-C6, bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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 radiofrequency neurotomy.

Decision rationale: OPSX radiofrequency ablation at C3-C6, bilateral is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. The ODG states that for a radiofrequency ablation no more than two joint levels are to be performed at one time. The request exceeds the recommended number of levels for this procedure therefore this request is not medically necessary.

TENS unit replacement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: TENS unit replacement is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation is not clear that the patient has had demonstrated improvement in pain or increase in function attributable to prior TENS use therefore this request is not medically necessary.

Botox 100 units with EMG guidance to be injection to upper trapezius, scalene, cervical paraspinal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox (myobioc) Page(s): 25, 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: Botox 100 units with EMG guidance to be injection to upper trapezius, scalene, cervical paraspinal is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Botulinum toxin (Botox; Myobloc) is not generally

recommended for chronic pain disorders, but recommended for cervical dystonia. The MTUS states that cervical dystonia also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. The documentation does not describe physical exam findings consistent with spasmodic torticollis or cervical dystonia therefore this request is not medically necessary.