

Case Number:	CM15-0109418		
Date Assigned:	06/16/2015	Date of Injury:	09/02/2003
Decision Date:	08/24/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old male, who sustained an industrial injury on 09/02/2003. He has reported injury to the neck, right elbow, and low back. The diagnoses have included cervicalgia; degeneration cervical disc; lumbago; lumbar disc displacement without myelopathy; and pain in joint, shoulder. Treatment to date has included medications, diagnostics, cervical radiofrequency facet injection, physical therapy, and surgical intervention. Medications have included Celebrex, Zanaflex, Gabapentin, Flector Patch, Capsaicin Cream, and Ambien. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of cervical neck pain; the last cervical radiofrequency facet injection provided on 07/17/2013, gave him very good pain reduction, and he is asking for a repeat injection; right shoulder pain, internal derangement; worsening low back pain; he is interested in trigger point injection which he has never had; and he feels he is having more muscle spasms and the Zanaflex is not really helping the muscle spasms. Objective findings included gait is antalgic; spasm and guarding is noted in the lumbar spine over the L2, L3, L4 region bilaterally; cervical spine pain and tenderness is reproduced with cervical range of motion and extension; lumbar paraspinous trigger point and muscle spasms; and he is having difficulty standing up straight. The treatment plan has included the request for bilateral permanent cervical facet injection at C4-5 and C5-6 (radiofrequency ablation), each additional level with arthrogram under fluoroscopic guidance with intravenous sedation; 4 trigger point injections using ½ cc Depo-Medrol and 4 cc 0.25% Bupivacaine; Ambien 10 mg #30; and Celebrex 200 mg #30 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral permanent cervical facet injection at C4-5 and C5-6 (radiofrequency ablation), each additional level with arthrogram under fluoroscopic guidance with IV sedation:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency neurotomy.

Decision rationale: The injured worker sustained a work related injury on 09/02/2003. The medical records provided indicate the diagnosis of cervicalgia; degeneration cervical disc; lumbago; lumbar disc displacement without myelopathy; and pain in joint, shoulder. Treatment to date has included medications, diagnostics, cervical radiofrequency facet injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for bilateral permanent cervical facet injection at C4-5 and C5-6 (radiofrequency ablation), each additional level with arthrogram under fluoroscopic guidance with IV sedation. The MTUS does not recommend facet injections; the Official Disability Guidelines considers it as a treatment under study. The requirement for this form of treatment to be acceptable under the Official Disability Guidelines includes a documentation of evidence of adequate diagnostic blocks with, documented improvement in VAS score, and documented improvement in function. Good diagnostic block is defined as a response of greater than 70% pain reduction lasting for approximately 2 hours after for Lidocaine. The medical records reviewed indicate the injured worker had limited pain relief after diagnostic block. Additionally, the records indicate the injured worker had a previous radiofrequency ablation in 04/2012 provided 80% pain reduction by the 01/2013 visit. However, during the office visit of 09/24/13 for a repeat injection on 09/17/2013, the injured worker said he had about 50% pain relief from this recent injection of 09/17/2014. He then stated the 04/2012 injection had given him similar type of relief that lasted 3 months. Subsequent records noted the injured worker had 50% pain reduction for several months, but did not state how many months this pain reduction lasted. The Official Disability Guidelines states that current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). In addition, this guideline recommends the injection there should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. Therefore, the requested treatment is not medically necessary since there was no documentation of at least 6 months of improvement following the previous injection, neither is there evidence of formal plan for rehabilitation in addition to the injection.

4 Trigger point injections using 1/2cc Depo-Medrol and 4cc 0.25% Bupivacaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Trigger point injections Page(s): 122.

Decision rationale: The injured worker sustained a work related injury on 09/02/2003. The medical records provided indicate the diagnosis of cervicgia; degeneration cervical disc; lumbago; lumbar disc displacement without myelopathy; and pain in joint, shoulder. Treatment to date has included medications, diagnostics, cervical radiofrequency facet injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for 4 Trigger point injections using 1/2cc Depo-Medrol and 4cc 0.25% Bupivacain. The MTUS recommendation for trigger point injection requires documentation of the following requirements, all of which must be met. (1) Circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There was no documentation of twitch response. This request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien).

Decision rationale: The injured worker sustained a work related injury on 09/02/2003. The medical records provided indicate the diagnosis of cervicgia; degeneration cervical disc; lumbago; lumbar disc displacement without myelopathy; and pain in joint, shoulder. Treatment to date has included medications, diagnostics, cervical radiofrequency facet injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. The MTUS is silent on this but the Official Disability Guidelines states that Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. The medical records indicate the injured worker's use of Ambien predates 09/2012. This request is not medically necessary.

Celebrex 200mg #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on 09/02/2003. The medical records provided indicate the diagnosis of cervicalgia; degeneration cervical disc; lumbago; lumbar disc displacement without myelopathy; and pain in joint, shoulder. Treatment to date has included medications, diagnostics, cervical radiofrequency facet injection, physical therapy, and surgical intervention. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg #30 x 3 refills. The medical records indicate the injured worker could not be continued on treatment with Ibuprofen due to gastric upset. However, the medical records indicate the use of this medication predates 04/2013 without evidence the injured worker is being monitored for blood count, liver and kidney functions. Celebrex is an NSAID that is considered relatively safe for the stomach, Like other NSAIDs, the MTUS recommend the use of the lowest dose for the short term treatment of moderate to severe pain. If a NSAID is to be used for an extended period, the MTUS recommends the individual be monitored for blood count, liver and kidney functions, due to adverse effects like anemia, kidney and liver injuries. This request is not medically necessary.