

Case Number:	CM15-0137593		
Date Assigned:	07/27/2015	Date of Injury:	06/22/2006
Decision Date:	09/08/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female sustained an industrial injury to the neck, bilateral hands and left shoulder on 6-22-06. Previous treatment included cervical fusion (5-12-11), left shoulder acromioplasty and debridement (12-22-11), two left shoulder surgeries (2004-2006), physical therapy, chiropractic therapy, epidural steroid injections, facet joint injections, trigger point injections, Botox injections, nerve blocks, heat and ice and medications. In a progress note dated 6-3-15, the injured worker complained of ongoing pain to bilateral hands associated with numbness and tingling and neck and left shoulder pain associated with spasms and headaches, rated 9 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with loss of normal lordotic curvature, tenderness to palpation with spasms, positive left Spurling's sign, decreased range of motion and severe left periscapular neck trigger points. Current diagnoses included cervicalgia, carpal tunnel syndrome, other acquired torsion dystonia, brachial plexus and suprascapular lesion, cervical post laminectomy syndrome, cervical spine radiculitis, status post shoulder surgery times two, shoulder joint pain and shoulder internal derangement. The physician noted that magnetic resonance imaging showed disc bulges above and below the fusion. The treatment plan included requesting Xeomin injections for left periscapular severe spasms, facet block injections at left C3, C4 and C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xeomin 300 units: Upheld

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

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

Decision rationale: The patient was injured on 06/22/06 and presents with pain in her neck, left shoulder, and bilateral hands. The request is for XEOMIN 300 UNITS for left periscapular severe spasms. The RFA is dated 06/04/15 and the patient's current work status is not provided. The patient has had prior Botox injections on 09/15/14, 05/12/14, 01/29/14, 10/17/13, and 04/26/13. MTUS Guidelines, Botulinum toxin (Botox; Myobloc), pages 25 and 26 state, "Not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections." The patient is diagnosed with carpal tunnel syndrome, other acquired torsion dystonia, brachial plexus/suprascap N lesions, postlaminect syndrome C4-C6 fusion, cervical radiculitis, cervicgia/post whiplash 8/21, s/p shoulder surgery x 2, and joint pain-shoulder/ internal derangement. Treatment to date includes cervical fusion (5-12-11), left shoulder acromioplasty and debridement (12-22-11), two left shoulder surgeries (2004-2006), physical therapy, chiropractic therapy, epidural steroid injections, facet joint injections, trigger point injections, Botox injections, nerve blocks, heat and ice and medications. The 05/11/15 report states that "the patient has done well with Botox injections. Most recent injections performed on September 15, 2014, prior to that May 12, 2014, January 29, 2014, October 17, 2013, and April 26, 2013." Although the patient is diagnosed with dystonia, there is no documentation of any functional benefit or reduction in medication the patient has had with prior Botox injections. Due to lack of documentation, the requested Xeomin IS NOT medically necessary.

Facet Block: Left C3, C4, C5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 Chapter, under Facet joint diagnostic blocks.

Decision rationale: The patient was injured on 06/22/06 and presents with pain in her neck, left shoulder, and bilateral hands. The request is for FACET BLOCK: LEFT C3, C4, C5. The RFA is dated 06/04/15 and the patient's current work status is not provided. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy (a procedure that is considered under study). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is

documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. 8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. "For facet joint pain signs and symptoms, the ODG guidelines state that physical examination findings are generally described as: 1. axial pain, either with no radiation or severely past the shoulders; 2. tenderness to palpation in the paravertebral areas, over the facet region; 3. decreased range of motion, particularly with extension and rotation; and 4. absence of radicular and/or neurologic findings." There is loss of the normal lordotic curvature, a positive spurling sign for the left, and tenderness to palpation over the right/left suboccipital region, right/left upper paravertebral spasm, right/left trapezius spasm, right/left scapula spasm, left cervical spine C3-C4. The patient is diagnosed with carpal tunnel syndrome, other acquired torsion dystonia, brachial plexus/suprascap N lesions, postlaminect syndrome C4-C6 fusion, cervical radiculitis, cervicgia/post whiplash 8/21, s/p shoulder surgery x 2, and joint pain-shoulder/ internal derangement. Treatment to date includes cervical fusion (5-12-11), left shoulder acromioplasty and debridement (12-22-11), two left shoulder surgeries (2004-2006), physical therapy, chiropractic therapy, epidural steroid injections, facet joint injections, trigger point injections, Botox injections, nerve blocks, heat and ice and medications. In this case, the request is for a facet block at left C3, C4, C5; however, the patient had a cervical fusion at C4-6. ODG Guidelines clearly state that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." Furthermore, the patient has cervical spine radiculopathy for which diagnostic facet blocks are not indicated per ODG Guidelines. The requested facet block at left C3, C4, and C5 IS NOT medically necessary.