

Case Number:	CM15-0165773		
Date Assigned:	09/03/2015	Date of Injury:	04/12/2002
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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:

The injured worker is a 57 year old male who sustained an industrial injury on 4-12-02. He had complaints of neck pain. Progress report dated 6-30-15 reports continued complaints of headaches, right wrist, upper back, bilateral mid back, neck, right shoulder, right arm, right elbow and right forearm pain. Headaches are rated 9 out of 10. Right wrist pain is described as aching and stabbing associated with stiffness. Upper back pain is constant, moderate to severe and is described as aching and sharp. Bilateral mid back pain is described as aching, sharp and radiates to the lower back. The neck pain constant, aching, dull, and stabbing. The pain radiates the back of head, left shoulder, left arm, right arm, right fingers, right forearm, right hand, right shoulder and right shoulder blade. The right shoulder pain is constant, aching, stabbing and throbbing. The right arm radiates from the neck and is described as aching, sharp and throbbing. The right elbow pain is aching and sharp. The right forearm pain is described as aching, sharp and radiates to the right hand. Diagnoses include: post surgical status, myofascitis, spasm of muscle, headaches, wrist tenosynovitis, thoracalgia and probable post traumatic insomnia. Plan of care: continue pain management, he reports increased radicular symptoms to the last 2 digits of the left hand, if current pain management program does not help the pain, will move forward with surgery. Work status: totally temporarily disabled. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axon/Pain Fiber Test x1 Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Quantitative sensory threshold Neck and Upper Back Chapter, under Current perception threshold.

Decision rationale: The patient presents with neck pain going down the arm and moderate headache. The request is for AXON/PAIN FIBER TEST X1 BILATERAL UPPER EXTREMITIES. The request for authorization is not provided. MRI of the cervical spine, 10/03/11, shows multilevel mod disc bulges; T1-2 shows 5.2mm right disc protrusion compressing nerve. Physical examination of the cervical spine reveals surgical scar. Range of motion is restricted. Tenderness is noted at the paracervical muscles, rhomboids and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Patchy decrease in sensation to light and sharp in the right upper extremity. Weakness of right upper extremity in all major muscle groups. Patient exercises in the form of swimming. Patient's medications include Senokot, Xanax, Colace, Norco, Amitiza, Oxycontin, Lisinopril. Per progress report dated 06/30/15, the patient is TTD. ODG Guidelines, Pain Chapter, under Quantitative sensory threshold (QST) testing Section states, "Not recommended. See also Current perception threshold (CPT) testing. Quantitative sensory testing (QST) has been used to assist in the diagnosis and management of a variety of conditions such as diabetic neuropathy and other neuropathies, as well as carpal tunnel syndrome and other nerve entrapment/compression disorders or damage. Because QST combines the objective physical sensory stimuli with the subjective patient response, it is psychophysical in nature and requires that its use be in patients who are alert, able to follow directions, and cooperative. Due to the subjective component of testing, psychological factors must be taken into consideration during testing and in evaluating test results, thus reducing the degree of objectivity QST can provide. QST is considered experimental or investigational, as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes." ODG Guidelines, Neck and Upper Back Chapter, under Current perception threshold (CPT) testing Section states, "Not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing." Treater does not discuss the request. Review of provided progress reports, the treater does not mention the requested testing nor provide medical rationale for the request. In this case, the patient continues with neck pain going down the arm and moderate headache. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Patchy decrease in sensation to light and sharp in the right upper extremity. Weakness of right upper extremity in all major muscle groups. Given the patient's lower extremity symptoms, physical examination, and MRI findings, an upper extremity study appears reasonable. However, there is no guideline support for the Axon/Pain Fiber Test. Therefore, the request IS NOT medically necessary.

Thoracic Epidural Steroid Injection x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The patient presents with neck pain going down the arm and moderate headache. The request is for THORACIC EPIDURAL STEROID INJECTION X 3. The request for authorization is not provided. MRI of the cervical spine, 10/03/11, shows multilevel mod disc bulges; T1-2 shows 5.2mm right disc protrusion compressing nerve. Physical examination of the cervical spine reveals surgical scar. Range of motion is restricted. Tenderness is noted at the paracervical muscles, rhomboids and trapezius. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Patchy decrease in sensation to light and sharp in the right upper extremity. Weakness of right upper extremity in all major muscle groups. Patient exercises in the form of swimming. Patient's medications include Senokot, Xanax, Colace, Norco, Amitiza, Oxycontin, Lisinopril. Per progress report dated 06/30/15, the patient is TTD. The MTUS Guidelines, on page 122, state that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of 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. Per progress report dated 04/30/15, treater's reason for the request is "Patient reported good relief with previous epidurals x 3 (occurring between 8/2011-3/2012) and I believe this will decrease his pain, increase function, increase his quality of life and decrease his pain medication usage." In this case, it appears the treater is requesting a repeat injection based on prior trigger point injections providing significant relief. Per progress report dated 04/30/15, "REQUESTED PROCEDURES: Cervical Epidural Injection (Site: C7-T1 x3) Trigger Point Injection (right trapezius). Previous epidural steroid injection have provided greater than 50% improvement in relief of pain from baseline and improved functioning for at least 6 weeks. However, the patient presents with radicular symptoms. Physical examination reveals Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity. Patchy decrease in sensation to light and sharp in the right upper extremity. Weakness of right upper extremity in all major muscle groups. This request does not meet MTUS guidelines indication for Trigger Point Injections. Therefore, the request IS NOT medically necessary.

