

Case Number:	CM15-0181270		
Date Assigned:	09/22/2015	Date of Injury:	02/01/2011
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, Michigan

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 68 year old female who sustained an injury on 2-1-11 when she injured her right shoulder and neck due to repetitive stress. Diagnostic tests included MRI scans cervical spine 4-3-13, X-rays cervical spine 12-3-13 and CT scan on 4-4-13. Treatment included left L4-5 epidural nerve root block on 4-9-15; stellate ganglion block in October 2014, surgery, physical therapy and TENS unit. The stellate block resulted in diminishment of her neck symptoms and improved function with regard to her right upper extremity. The symptoms gradually recurred approximately 6-8 weeks later. Diagnoses include progressively worsening upper extremity symptoms secondary to complex regional pain syndrome (DRPS); improved acute aggravation (mid to late December 2012) of improved progressively worsening neck pain, cervical radiculitis and myelopathy second to cervical cord compression; status post cervical decompression C3-C7 and posterior fusion C3-T1; status post-acute, chronic cervical spine musculoligamentous strain superimposed on cervical spinal DDD with cord compression; and chronic thoracic outlet syndrome. The recommendation on 4-21-15 was to undergo repeat stellate ganglion blocks and that a series of three to be scheduled 6-8 weeks apart. On 8-21-15, she continues to have neck and arm pains with worsening dysesthesia. The pain was rated as 5 out of 10 and has started physical therapy with improvement. Swelling is noted over thoracic outlet and radiating pain down both arms and fingers and intermittent shooting pain down both arms and fingers in no clear dermatomal distribution. She was rear-ended by a pickup last Saturday flaring up her low back. Current medications include Hydromorphone, Hydroxyzine, Benicar, Verapamil ER and Zofran Current requested treatments Right T1-2, Left T1-2, Right T2-3, Left T2-3 medical branch block; Guided meditation class quantity 6; IV ketamine infusion 4 hours a day quantity 3. Utilization review 9-2-15 requested treatments are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right T1-2 medical branch block under fluoroscopy, quantity 1: 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).

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 (Acute and Chronic) / Facet joint therapeutic steroid injections.

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of medial branch blocks and therefore other guidelines were consulted. Per the ODG, while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. From a review of the injured workers clinical presentation and obvious presentation of radiculopathy, a history of prior fusion as well as the fact that she does not appear to have done well with previous MBBB's it does not appear that she meets guideline criteria for MBBB's at this time, therefore the request for right T1-2 medical branch block under fluoroscopy, quantity 1 is not medically necessary.

Left T1-2 medical branch block under fluoroscopy, quantity 1: 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).

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 (Acute and Chronic) / Facet joint therapeutic steroid injections.

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of medial branch blocks and therefore other guidelines were consulted. Per the ODG, while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no

evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. From a review of the injured workers clinical presentation and obvious presentation of radiculopathy, a history of prior fusion as well as the fact that she does not appear to have done well with previous MBBB's it does not appear that she meets guideline criteria for MBBB's at this time, therefore the request for left T1-2 medical branch block under fluoroscopy, quantity 1 is not medically necessary.

Right T2-3 medical branch block under fluoroscopy, quantity 1: 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).

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 (Acute and Chronic) / Facet joint therapeutic steroid injections.

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of medial branch blocks and therefore other guidelines were consulted. Per the ODG, while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. From a review of the injured workers clinical presentation and obvious presentation of radiculopathy, a history of prior fusion as well as the fact that she does not appear to have done well with previous MBBB's it does not appear that she meets guideline criteria for MBBB's at this time, therefore the request for Right T2-3 medical branch block under fluoroscopy, quantity 1 is not medically necessary.

Left T2-3 medical branch block under fluoroscopy, quantity 1: 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).

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 (Acute and Chronic) / Facet joint therapeutic steroid injections.

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of medial branch blocks and therefore other guidelines were consulted. Per the ODG, while not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended. From a review of the injured workers clinical presentation and obvious presentation of radiculopathy, a history of prior fusion as well as the fact that she does not appear to have done well with previous MBBB's it does not appear that she meets guideline criteria for MBBB's at this time, therefore the request for left T2-3 medial branch block under fluoroscopy, quantity 1 is not medically necessary.

Guided meditation class, quantity 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / mindfulness meditation /yoga / cognitive behavioral therapy.

Decision rationale: Per the MTUS Psychological treatment is "Recommended for appropriately identified patients during treatment for chronic pain Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective". Per the ODG "Mind-body medicine (MBM) therapies broadly include meditation, hypnosis, guided imagery, relaxation therapies, biofeedback, spiritual healing, yoga, tai chi, qigong, art therapy, light therapy, and others." Based on the injured workers complex clinical presentation and delayed recovery, the request for Guided meditation class, quantity 6 appears appropriate and is medically necessary.

IV Ketamine infusion 4hr/day, quantity 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): Ketamine.

Decision rationale: Per the MTUS: Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS. Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but Ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. (Correll, 2004) One very small study concluded that Ketamine showed a significant analgesic effect on peripheral neuropathic pain, but the clinical usefulness is limited by disturbing side effects. Another study by the same author with a sample size too small for ODG (10) concluded that Ketamine showed a significant analgesic effect in patients with neuropathic pain after spinal cord injury, but Ketamine was associated with frequent side effects. (Kvarnstrom, 2003-4). The use of Ketamine is not supported by the guidelines, therefore the request for IV Ketamine infusion 4hr/day, quantity 3 is not medically necessary.