

Case Number:	CM15-0186622		
Date Assigned:	09/28/2015	Date of Injury:	10/14/2008
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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: Massachusetts

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

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 48 year old male who sustained an industrial injury on 10-14-2008. Current diagnoses include cervicalgia, chronic pain syndrome, and cervical facet syndrome. Report dated 08-11-2015 noted that the injured worker presented with complaints that included persistent neck symptoms, right greater than left, and low back pain. Pain level was not included. Physical examination performed on 08-18-2015 revealed cervical rigidity-spasm, tender medial scapular muscles, tender paraspinal muscles with trigger points, neck range of motion is limited to stiffness, diminished motor strength, decreased sensation in the right C7 and C8 dermatomal regions and left C8 dermatomal region, and tenderness in the thoracic spine-upper back. Previous diagnostic studies included a cervical spine and thoracic spine MRI, and EMG-NCS of the upper extremities. Previous treatments included medications, transforaminal epidural steroid injections, rhizotomy, physical therapy, psychotherapy, and chiropractic therapy. The treatment plan included refilling medications, which included Tramadol ER, Naproxen, Trazadone, gabapentin, and Imitrex, continue with psyche, use heat and ice therapy, request for right C3-C5 facet medial branch blocks, and follow up in 4 weeks. Work status was documented as full duty, no restrictions. The injured worker has been prescribed Imitrex since at least 01-27-2015. Request for authorization dated 08-18-2015, included requests for right medial facet branch block C3-C5. The utilization review dated 09-15-2015, non-certified the request for Imitrex tablet, medial facet branch block right C3-4, and medial facet branch block right C3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial facet branch block right C3-4 Qty: 1.00: Upheld

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

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 & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in October 2012 as the result of a cumulative trauma while working as a prison guard and opening and closing heavy doors and gates. He underwent cervical rhizotomy on 05/13/14 with reported tremendous benefit in terms of neck pain. When seen, he was continuing to receive chiropractic treatments but was having persistent neck symptoms. Physical examination findings included cervical rigidity with medial scapular and paraspinal tenderness and trigger points. There was limited cervical spine range of motion. There was bilateral trapezius muscle tenderness. He had decreased upper extremity sensation. The assessment includes diagnoses of tension type headache. Authorization is being requested for cervical medial branch blocks and continued use of Imitrex. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. In this case, the claimant had benefit from a prior radiofrequency ablation procedure. There would be no reason to repeat diagnostic blocks. Determining whether a repeat radiofrequency ablation would be based on the claimant's response to the procedures that have already been performed. The request is not medically necessary.

Medial facet branch block right C3-4 Qty: 1.00: Upheld

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

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 & Chronic), Facet joint diagnostic blocks.

Decision rationale: The claimant sustained a work injury in October 2012 as the result of a cumulative trauma while working as a prison guard and opening and closing heavy doors and gates. He underwent cervical rhizotomy on 05/13/14 with reported tremendous benefit in terms of neck pain. When seen, he was continuing to receive chiropractic treatments but was having persistent neck symptoms. Physical examination findings included cervical rigidity with medial scapular and paraspinal tenderness and trigger points. There was limited cervical spine range of motion. There was bilateral trapezius muscle tenderness. He had decreased upper extremity sensation. The assessment includes diagnoses of tension type headache. Authorization is being requested for cervical medial branch blocks and continued use of Imitrex. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. In this case, the claimant had benefit from a prior radiofrequency ablation

procedure. There would be no reason to repeat diagnostic blocks. Determining whether a repeat radiofrequency ablation would be based on the claimant's response to the procedures that have already been performed. The request is not medically necessary.

Imitrex tablet 50mg as needed Qty: 9.00: 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) Head (trauma, headaches, etc., not including stress & mental disorders), Triptans and Other Medical Treatment Guidelines Imitrex prescribing information.

Decision rationale: The claimant sustained a work injury in October 2012 as the result of a cumulative trauma while working as a prison guard and opening and closing heavy doors and gates. He underwent cervical rhizotomy on 05/13/14 with reported tremendous benefit in terms of neck pain. When seen, he was continuing to receive chiropractic treatments but was having persistent neck symptoms. Physical examination findings included cervical rigidity with medial scapular and paraspinal tenderness and trigger points. There was limited cervical spine range of motion. There was bilateral trapezius muscle tenderness. He had decreased upper extremity sensation. The assessment includes diagnoses of tension type headache. Authorization is being requested for cervical medial branch blocks and continued use of Imitrex. Triptans are recommended for migraine sufferers. In this case, the claimant has a diagnosis of tension type headaches. There are no reported symptoms that would indicate a diagnosis of ongoing migraines. Imitrex is not considered medically necessary.