MAXIMUS Federal Services

Case Number:	CM15-0208793		
Date Assigned:	10/29/2015	Date of Injury:	01/10/2006
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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, California
Certification(s)/Specialty: Family Practice

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 female, with a reported date of injury of 01-10-2006. The diagnoses include carpal tunnel syndrome, lumbosacral spondylosis without myelopathy, disturbance of skin sensation, neck pain, degeneration of cervical intervertebral disc, and pain in hand joint. The progress report dated 09-21-2015 indicates that the injured worker was seen for follow-up on her neck and low back pain. She rated her pain 10 out of 10 without pain medication, and 8 out of 10 with pain medication. It was noted that the injured worker had increased pain with standing and walking. It was also noted that her pain was unchanged since her last visit. The physical examination showed no distress; tenderness over the cervical paraspinals; tenderness over the cervical facet joints; reduced cervical spine range of motion in all planes; bilateral neck pain showed with Spurling's sign; negative compression test; and no spinous tenderness. The injured worker's work status was noted as permanent and stationary; the injured worker was retired. The progress report dated 10-07-2015 indicates that the injured worker complained of ongoing wrist, arm, low back, and neck pain. The pain was rated 9 out of 10 at its least; and 10 out of 10 at its worst in the last month with medications. She also rated her pain 10 out of 10 at its least, 10 out of 10 on average, and 10 out of 10 at its worst in the last month without medications. The physical examination showed no acute distress and sitting upright in a chair. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 02-10-2010 which showed evidence of bilateral carpal tunnel syndrome; multiple urine drug screens; a urine drug screen on 03-06-2015 with consistent findings; a urine drug screen on 04-13-2015 which was positive for Oxycodone and Buprenorphine (consistent); and a urine drug screen on 07-02-2015 which was positive for opiate and Oxycodone. Treatments and evaluation to date have included Cymbalta, Norco, Methadone,

Robaxin, Oxycontin, Lidoderm patch, Valium, Voltaren, bilateral C4-5 and C5-6 intraarticular facet injection bilaterally on 06-24-2015, and physical therapy. The request for authorization was dated 09-25-2015. The treating physician requested bilateral medial branch block at C4, C5, and C6 with fluoroscopy and sedation and trigger point injection. On 10-12-2015, Utilization Review (UR) non-certified the request for bilateral medial branch blocks at C4, C5, and C6 with fluoroscopy and sedation and trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block C4, C5, C6 with fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet mediated 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 last at least 2 hours for Lidocaine. 2. Limited to patients with low-back 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 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a sedative during the procedure. 8. The use of IV sedation (including other agents such as midazolam) 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. In the recent examination there were no radicular findings. The claimant had significant relief with an injection 4 months ago. The claimant had persistent pain despite the use of pain medications. The request for the medical branch block is medically necessary.

IV sedation: 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), Neck and Upper Back, (Acute & Chronic), Facet joint diagnostic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: According to the guidelines, sedation is not recommended except in extreme cases of anxiety. The sedation would defeat the purpose of the block to determine response during treatment. The claimant had anxiety and depression due to pain but the severity of the anxiety was not such that a procedure cannot be performed. The request for sedation is not necessary.

Trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant is already receiving medications and blocks. The request for cervical trigger point injections is not medically necessary.