

Case Number:	CM15-0220634		
Date Assigned:	11/16/2015	Date of Injury:	07/29/2011
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: New Jersey
 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 51 year old female who sustained an industrial injury 07-29-11. A review of the medical records reveals the injured worker is undergoing treatment for cervical spondylosis, rotator cuff syndrome of the bilateral shoulders, lateral epicondylitis of the elbows, carpal tunnel syndrome, tendinitis-bursitis of the hands-wrists, adjustment disorder with mixed anxiety and depression, and aftercare for surgery of the musculoskeletal system. Medical records (09-03-15) reveal the injured worker complains of pain in the cervical spine, bilateral shoulders, wrists, hands, and elbows as well as headaches. The physical exam (09-03-15) reveals spasms and tenderness in the cervical paraspinal muscles, bilateral shoulders, bilateral elbows, wrists and hands. Prior treatment includes psychological treatments, and medications including Ambien, Ativan, and Prozac. The original utilization review (11-02-15) non-certified the request for a pain management evaluation, facet blocks at C2-4, and modified a follow-up with range of motion measurement and to address activities of daily living to a follow-up office visit. The documentation supports that a Pain Management Consultation was performed on 06-25-15 and a Functional Capacity Evaluation was performed on 08-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for pain management: Overturned

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 ACOEM, p. 127.

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the provider referred to pain management for "cervical facet blocks C2-3, C3-4" and "to evaluate and manage the patient's pain and symptoms pharmacologically." As these blocks are not appropriate based on positive findings for spinal nerve compromise (radiculopathy) the referral for this purpose alone would not be medically necessary. However, upon review of the prior progress notes, it appears that medications were recommended and tried but produced limited results and there was an issue with correct use of the medications. Based on the difficulty of previous attempts to manage medications, it is reasonable to refer to a pain specialist to think of new ideas for medications which might lead to better compliance and pain control, if appropriate. Therefore, this request for pain management is medically necessary.

Authorization for facet block to C2-3 and C3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medial Branch 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 and Upper Back section, facet joint diagnostic blocks.

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far, there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and

for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection, and 12. Facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis. In the case of this worker, the provider documented positive cervical compression and distraction tests, suggesting cervical radiculopathy. Also, there was no mention of facet joint tenderness, but only general muscle spasm and tenderness. Therefore, it appears that the criteria for facet joint injections had not been met, and therefore, this request for facet block to C2-3 and C3-4 is not medically necessary.

Follow up visit with range of motion measurement and addressing activities of daily living:
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 section, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, it is reasonable to approve a follow-up office visit with the primary provider, however, based on this request which includes range of motion measurement, this is not necessary as there is no clear treatment plan or goals set to warrant frequent assessment beyond manual testing. Therefore, this request the request is not medically necessary.