

Case Number:	CM15-0056086		
Date Assigned:	04/03/2015	Date of Injury:	01/07/2014
Decision Date:	05/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/24/2015

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, Washington

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 45-year-old female who reported an injury on 01/07/2014. The mechanism of injury was cumulative trauma. The documentation of 02/09/2015 revealed the injured worker had increased neck pain with associated cervicogenic headaches and radicular symptoms in the left upper extremity. The injured worker was noted to undergo an MRI of the cervical spine on 12/09/2014, per the physician documentation, which revealed abnormalities including a 3 mm disc protrusion at C6-7. The injured worker was noted to have electrodiagnostic studies on 03/25/2014 with findings of chronic neuropathies at the left C5 and possibly C6 enervated muscles, consistent with chronic left upper brachial plexopathy and chronic left C5 radiculopathy could not be excluded. The injured worker was additionally noted to have carpal tunnel syndrome and right ulnar neuropathy across the elbow, and the injured worker received a left carpal tunnel block with no significant relief. The injured worker was utilizing Anaprox DS 550 mg twice a day and Prilosec for medication-induced gastritis. The injured worker was requesting trigger point injections additionally. The physical examination revealed decreased range of motion with muscle guarding. The reflexes were 2/4 in the biceps, triceps, and brachioradialis bilaterally. The injured worker had decreased sensation in the lateral arm and forearm in the left upper extremity in approximately the C6 distribution. The diagnoses included cervical myoligamentous injury with left upper extremity radicular symptoms, medication induced gastritis symptoms, left shoulder internal derangement, and bilateral carpal tunnel syndrome, along with right ulnar neuropathy across the elbow. The discussion portion of the examination revealed the injured worker had tenderness along the cervical paraspinals with

decreased cervical spine range of motion and sensory deficits at C6 corroborated by imaging studies and had extensive conservative management without significant relief. Therefore, the request was made for a diagnostic catheter directed cervical epidural steroid injection at C6-7, trigger point injections, medications, and chiropractic treatment. The official MRI revealed the exiting nerve roots were normal at all levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic catheter directed cervical epidural steroid injection C6-7 for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines indicate that epidural steroid injections are appropriate for injured workers with objective findings of radiculopathy upon physical examination that is corroborated by electrodiagnostics or imaging studies. There should be documentation of a failure of conservative care, including physical medicine, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated, per the electrodiagnostic studies, that the injured worker had evidence of mild chronic C5 radiculopathy. There was, however, a lack of corroboration with imaging studies. There was a lack of documentation indicating the specific conservative care that was provided. Given the above, the request for fluoroscopically guided diagnostic catheter directed cervical epidural steroid injection C6-7 for the cervical spine is not medically necessary.

Cervical facet joint injections times two: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that diagnostic facet joints have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. As such, application of secondary guidelines were sought. Per Official Disability Guidelines criteria, the use of diagnostic blocks for facet nerve pain include clinical presentation

should be consistent with facet joint pain, signs and symptoms which include unilateral pain that does not radiate past the shoulder, objective findings of axial neck pain (either with no radiation or rarely past the shoulders), tenderness to palpation in the paravertebral areas (over the facet region); a decreased range of motion (particularly with extension and rotation) and the absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. There should be one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should be approximately 2 hours for Lidocaine and limited to no more than 2 levels bilaterally. Additionally, there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4 to 6 weeks and the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level and are not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment. The clinical documentation submitted for review failed to indicate the injured worker had tenderness to palpation in the paravertebral area in the absence of radicular findings. There was a lack of documentation indicating specific conservative care that was provided. There was a lack of documentation indicating whether the injections were requested for the same date of service as the epidural steroid injections. The request as submitted failed to indicate the specific levels to be injected. Given the above, the request for cervical facet joint injections times 2 is not medically necessary.

Spinal cord stimulator trial: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS) Page(s): 101, 105-107.

Decision rationale: The California MTUS Guidelines recommend a psychological evaluation prior to a spinal cord stimulator trial. Additionally, spinal cord stimulators are recommended for failed back syndrome and complex regional pain syndrome. The clinical documentation submitted for review failed to indicate the injured worker had complex regional pain syndrome or failed back syndrome. There was a lack of documentation of a psychological evaluation. Given the above, the request for a spinal cord stimulator trial is not medically necessary.

Spinal cord stimulator implant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The California MTUS Guidelines recommend spinal cord stimulators for injured workers when less invasive procedures have failed or are contraindicated and are recommended following a successful temporary trial. The recommendations are for failed back syndrome and complex regional pain syndrome. The request was submitted concurrently with a request for spinal cord stimulator trial. As such, there was a lack of documentation of a successful stimulator trial. Given the above, the request for a spinal cord stimulator implant is not medically necessary.