

Case Number:	CM15-0110634		
Date Assigned:	06/17/2015	Date of Injury:	03/10/2005
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 56 year old male who sustained an industrial injury on 03/10/2005. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having degenerative disc disease status post anterior cervical discectomy and fusion (08/23/12), right upper extremity pain, possible cervical radiculopathy versus upper extremity nerve entrapment versus possible chronic regional pain syndrome situation post-surgery; status post right radial nerve release; status post first rib resection; situation post right medial epicondylectomy with partial medial epicondylectomy and repair of flexor pronator tendon origin; history of medication -induced gastritis; and facet arthropathy of the cervical spine. Treatment to date has included surgeries , physical therapy, steroid injections, pain management, a medial branch block that gave 60% relief for about two hours, a stellate ganglion block (09/04/2014) for chronic regional pain syndrome, carpal tunnel surgery (03/23/15), and a home exercise program. Currently, the injured worker complains of neck pain rated at a 7/10 on the pain scale, and averaging a 4-8/10. The pain travels down his right arm to the hand. Right wrist pain reaches an 8/10, and he continues to wear a right wrist brace. Range of motion on the right wrist is limited by pain. He complains of headaches in his posterior neck region, and has difficulty sleeping at night due to pain. He also complains of persistent anxiety, depression, stress and sexual dysfunction due to pain. On exam, the worker has palpable tenderness over the right wrist surgical site. Range of motion of the cervical spine is limited in all planes with pain with facet loading of the cervical spine on the right side and palpable tenderness in upper and lower right side of the cervical facet regions. He has decreased

sensation in the C5 through C8 dermatomes on the right. Deltoid, biceps, internal rotators, external rotators, wrist flexors and extensors are 4+/5 on the right and limited by shoulder and wrist pain. Medications include Gabapentin, Prilosec, Gabapentin cream, and Oxycodone. Treatment plan includes requesting consultations with an ENT for hoarseness since the cervical fusion, a neurologist for evaluation of his persistent and severe headaches, a urologist regarding his sexual dysfunction, and a pain psychologist for his anxiety, stress and depression. A confirmatory medial branch block injection at C7-T1 is requested. He had an injection on the right at C7-T1 on 02/19/2015 that decreased his pain from a 7/10 to a 3/10 and lasted about two hours. Future considerations include a rhizotomy. He is to continue the pain management follow-ups and his home exercise program, and follow up in 3 months for re-evaluation. A request for authorization is made for the following: 1. Confirmatory medial branch block on the right C7-T1, 2. Pain management follow ups, 3. Follow up in 3 months, 4. Follow up with [REDACTED], 5. Pain psychological consult, 6. Neurology consult, 7. Post op physical therapy x 12 visits for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory medial branch block on the right C7-T1: 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, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Facet joint therapeutic blocks.

Decision rationale: The patient presents on 05/04/15 with neck pain rated 7/10 and associated headaches. The patient's date of injury is 03/10/05. Patient is status post right carpal tunnel release on 03/23/15, status post anterior cervical disc fusion at C4 through C7 levels on 08/23/12, and status post medial branch block injection on the right side at C7-T1 level on 02/19/15. The request is for confirmatory medial branch block on the right C7-T1. The RFA is dated 05/04/15. Physical examination dated 05/04/15 reveals tenderness to palpation and decreased range of motion in the right wrist, tenderness to palpation of the cervical spine on the right side, and pain elicitation with facet loading of the cervical spine on the right. Cervical range of motion is noted to be limited in all planes, and neurological examination reveals decreased sensation in the C5 through C8 dermatomal distribution on the right side. The patient is currently prescribed Hydrocodone. Diagnostic imaging included CT scan of the cervical spine, significant findings include: "degenerative disc disease with facet arthropathy with retrolisthesis C4-5 and C6-7 with postoperative changes C4-5, C5-6, and C6-7... neural foraminal narrowing includes C3-4 and C5-6 mild right, C6-7 moderate to severe right, moderate left neural foraminal narrowing." Patient is currently classified as permanent and stationary, work status is not provided. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) 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. ODG-TWC, Neck and Upper Back Chapter, under Facet joint therapeutic blocks states: "Not recommended except as a diagnostic

tool. Minimal evidence for treatment." In regard to the request for a repeat cervical medial branch block, the patient does not meet guideline criteria. Progress note dated 05/04/15 indicates that this patient underwent a medial branch block at the same location on 02/19/15 with some relief of his pain symptoms. However, ODG only supports the use of medial branch blocks as a diagnostic measure prior to facet rhizotomy, and specifically recommends against repeat injections as a therapeutic measure. While this patient did report relief of his symptoms following the previous injection, as guidelines do not support a repeat of the procedure, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.

Pain management follow-ups: Overturned

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 follow-ups Page(s): 8.

Decision rationale: The patient presents on 05/04/15 with neck pain rated 7/10 and associated headaches. The patient's date of injury is 03/10/05. Patient is status post right carpal tunnel release on 03/23/15, status post anterior cervical disc fusion at C4 through C7 levels on 08/23/12, and status post medial branch block injection on the right side at C7-T1 level on 02/19/15. The request is for pain management follow-ups. The RFA is dated 05/04/15. Physical examination dated 05/04/15 reveals tenderness to palpation and decreased range of motion in the right wrist, tenderness to palpation of the cervical spine on the right side, and pain elicitation with facet loading of the cervical spine on the right. Cervical range of motion is noted to be limited in all planes, and neurological examination reveals decreased sensation in the C5 through C8 dermatomal distribution on the right side. The patient is currently prescribed Hydrocodone. Diagnostic imaging included CT scan of the cervical spine, significant findings include: "degenerative disc disease with facet arthropathy with retrolisthesis C4-5 and C6-7 with postoperative changes C4-5, C5-6, and C6-7... neural foraminal narrowing includes C3-4 and C5-6 mild right, C6-7 moderate to severe right, moderate left neural foraminal narrowing." Patient is currently classified as permanent and stationary, work status is not provided. Regarding follow-up visits, MTUS guidelines page 8 has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician is requesting a follow-up visit to monitor this patient's continuing neck pain. Progress note dated 05/04/15 indicates that this request is for a 3-month follow-up visit. While MTUS does not explicitly state how many follow-up visits are considered appropriate, a quarterly follow up visit is a reasonable measure and the provider is justified in seeking re-assessments to monitor this patient's condition. Therefore, the request IS medically necessary.