

<b>Case Number:</b>	CM13-0009476		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California, Colorado, North Carolina, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old male who is reported to have sustained work related injuries on 01/16/09. The record does not provide a specific incident. However, it would appear based on the records that the injured worker has complaints of multiple injuries as a result of cumulative trauma while employed as a carpenter. The submitted clinical records include an MRI of the lumbar spine dated 12/08/09. This report indicated a minimal grade 1 anterolisthesis of L5-S1 with degenerative disc disease at this level. It is reported that there is a diffused bulge causing left greater than right neuroforaminal narrowing and bilateral recess narrowing. The record includes an EMG/NCV study dated 07/29/10. This study reports a prior chronic left C6 radiculopathy with no active evidence of denervation. There is no evidence of a right cervical radiculopathy. There is evidence of a prior chronic left L5 radiculopathy with no definite evidence of acute denervation. There is no evidence of a right lumbosacral radiculopathy. The record notes that on 10/27/10, the injured worker underwent a left shoulder arthroscopy, subacromial decompression, SLAP repair, Mumford, partial synovectomy, and removal of loose bodies. The record notes a QME performed on 06/15/11. This report notes "based on the presence of submaximal effort on the upper and lower extremity strength testing, non-dermatomal sensory changes, variable range of motion that improved with distraction, diffused tenderness over bony prominences as well as soft tissues, positive Waddell's to axial compression, and partial rotation signs. The patient was considered to have amplified the subjective complaints and he is considered to be an unreliable historian." The QME finds no further current treatment was recommended for the left shoulder or elbow. He notes that cervical and lumbar radiculopathy were not confirmed on examination. He reports that the injured worker has demonstrated marked symptom embellishment. The QME further recommended against conservative treatment such as acupuncture, physical therapy, injections, chiropractic

therapy, or prescription medicine as it was unlikely to result in further functional recovery. The clinical records note that the injured worker underwent lumbar epidural steroid injections on 09/09/12 on the left at L4-5 and L5-S1. The most recent clinical note is dated 11/22/13. At this time, the injured worker presents with continued pain in the left upper extremity, low back, and left lower extremity. He reports his pain levels to be 9/10 with medications and 10/10 without. On physical examination, there is noted tenderness from C4 through C7. On examination of the lumbar spine, there is tenderness to palpation in the right paravertebral areas from L3 to S1, straight leg was positive in the seated position. The injured worker has multiple diagnoses which include cervical radiculopathy, lumbar radiculopathy, myositis myalgia, chronic pain, and status post left shoulder surgery. Current medications are not documented on this report. The record includes a utilization review determination dated 12/06/13 in which requests for an L4-5 transforaminal block, retrospective B12 injection, Toradol, and trigger point injections were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **L4-L5 TRANSFORAMINAL BLOCK: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS

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

**Decision rationale:** The request for an L4-5 transforaminal block is not supported as medically necessary. The submitted clinical records indicate that this is a 57 year old male who has a history of chronic pain associated with cumulative trauma. The records provide conflicting data as to the presence of an active L4-5 radiculopathy. The most recent physical examination provides no objective evidence to establish the presence of a lumbar radiculopathy. Additionally, there is conflicting data per a QME report in which the injured worker appears to have significant symptom magnification and positive Waddell's signs. It would further be noted that the EMG/NCV study is dated and previously shown chronic findings. The record does not quantify the response to previous epidural steroid injections. As such, there is clearly insufficient information to establish the presence of an active radiculopathy as well as to establish functional benefit from prior injections. Based on the submitted clinical data provided, the medical necessity has not been established under California Medical Treatment Utilization Schedule (MTUS).

#### **RETROSPECTIVE B 12 INJECTION: 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) Pain Chapter, Vitamin B.

**Decision rationale:** The request for a B12 injection is not supported as medically necessary. The submitted clinical records provide absolutely no laboratory studies establishing that the injured worker was Vitamin B deficient and would require a B12 injection. As such, no medical necessity was established for the provision of this medication.

**TORADOL:** 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 NSAIDS Page(s): 67-73.

**Decision rationale:** The request for Toradol is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a history of chronic pain associated with cumulative trauma. The records indicate that the injured worker has been provided opiates for pain control. There is a question of compliance as the record contains a urine drug screen dated 02/27/13 which was negative and showed no evidence of opiate use. The record provides no supporting data to establish the medical necessity for the use of Toradol in pain control.

**TRIGGER POINT INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** The request for trigger point injections is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic myofascial pain. The record provides no evidence of discreet trigger points with which responses that would be responsive to trigger point injections. Per CA MTUS, there must be discreet trigger points identified with a twitch response and a specific musculature. As there is no evidence of this, there would be no medical necessity for the performance of trigger point injections.