

Case Number:	CM13-0057667		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2002
Decision Date:	10/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with a date of injury of May 24, 2002. A utilization review determination dated November 7, 2013 recommends non-certification of a cervical epidural steroid injection with fluoroscopy and IV sedation and 10 trigger point injections for the lumbar area. A progress note dated October 10, 2013 identifies subjective complaints of a history of severe low back, buttocks, leg, neck, and shoulder pain. The patient presented to the office visit with a severe increase in pain with no relief from oral medications. A physician evaluated the patient on September 10, 2013 and recommended trigger point injections; the patient is to proceed with trigger point injections on the day of the visit. The patient continues to report increased situational depression symptoms. Current medications include gabapentin 600 mg six per day, Norco 8 per day, Opana ER 10 mg TID, Elavil 25 mg QHS, Prilosec 20 mg b.i.d., and Cymbalta 60 mg QD. Physical examination identifies reversal of normal cervical spine curvature, mild to moderate pain with palpation from the suboccipital region down the paravertebral musculature into the trapezius, moderate pain along the posterior columns, and pain with passive and active range of motion of the cervical spine past 30 of flexion, 20 of extension, and lateral rotation. The lumbar spine examination reveals increased lumbar spine muscle spasm, positive the left straight leg raise, mild, diffuse decreased sensation to pin prick in the left lower extremity, and the patient has an antalgic gait. Diagnoses include lumbar post laminectomy syndrome, severe lower extremity radiculitis, lumbar spine stenosis, indwelling spinal cord stimulator, and situational anxiety and depression. The treatment plan recommends trigger point injections and refill of medications. The patient underwent ultrasound guided trigger point injections X 10 to the lumbar region on the day of the visit. A progress note dated November 25, 2013 identifies subjective complaints of severe increase in cervical pain and radiating arm pain with no relief from oral medications. A cervical epidural steroid injection request was denied. Physical examination is

relatively unchanged since the prior visit except for documentation of severe tenderness in the scapular muscles bilaterally, radiculopathy symptoms of numbness and severe pain down upper extremities, decreased sensation to pin prick in the forearms bilaterally, tricep reflex is diminished on the left, and grip strength is diminished. The diagnoses now include post laminectomy syndrome of the cervical spine and severe upper extremity radiculitis. The treatment plan recommends trigger point injections, medication refill, and a request for a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection with fluoroscopy and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for a cervical epidural steroid injection with fluoroscopy and IV sedation, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is no documentation of conservative treatment failure, and there are no dermatomal specific subjective complaints of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Furthermore, the request does not specify the level for the cervical epidural steroid injection. In the absence of such documentation, the currently requested cervical epidural steroid injection with fluoroscopy and IV sedation is not medically necessary.

10 Trigger point injections for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: Regarding the request for 10 trigger point injections for the lumbar area, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation.

Additionally, there is no documentation of failed conservative treatment for 3 months. Finally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. In the absence of such documentation, the requested 10 trigger point injections for the lumbar area are not medically necessary.