

<b>Case Number:</b>	CM13-0063257		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of March 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; both cervical and epidural steroid injections over the life of the claim, per the claims administrator, including in 2011 and 2013; and trigger point injection therapy. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for two (2) caudal epidural steroid injections and denied a request for cervical epidural steroid injections. Non-MTUS-ODG Guidelines were cited in the denial, although the MTUS does address both topics. The applicant's attorney subsequently appealed. In an April 8, 2013 progress note, the applicant's treating provider noted that the applicant had had ongoing issues with low back and neck pain stemming back to 2005. It was stated that the applicant had been getting cervical epidural steroid injections, the last set of which was in 2011. The applicant also had lumbar epidural and trigger point injections. The applicant was on Phenergan, Percocet, Duragesic, and Valium. Most of the applicant's pain was axial with some radicular pain about the thighs, it was stated. The applicant was given refills of multiple medications and was described as having myofascial tenderness in multiple areas with 5/5 upper and lower extremity strength. An October 15, 2013 progress note was notable for comments that the applicant was using Percocet and Topamax for pain relief. The applicant reported unchanged 7/10 pain, the majority of which was in the low back. The applicant's shoulder and neck pain was reportedly much better. Lumbar caudal epidural steroid injections were sought. The applicant apparently had evidence of a disk bulge at L5-S1 generating some of the applicant's pathology, it was suggested. Neurontin, Motrin, and Percocet were renewed. Trigger point injection therapy was also

apparently sought. In a procedure note of October 28, 2011, the applicant did in fact undergo 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:

#### **TWO (2) CAUDAL EPIDURAL STEROID INJECTION (ESI) WITH FLUROSCOPY:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION (ESIs) Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that the pursuit of repeat epidural blocks should be predicated on functional improvement with earlier blocks. In this case, the applicant has had unspecified number of lumbar epidural steroid injections over the life of the claim. She has failed to demonstrate any lasting benefit or functional improvement despite the same. She is off of work. The applicant has failed to return to work. She is on a variety of opioid agents, including Duragesic, Percocet, and Norco. All of the above, taken together, imply that the previous epidural blocks were unsuccessful. The Guidelines also recommend two (2) lifelong epidural blocks. The applicant appears to have had prior blocks in excess of this amount. For all of the stated reasons, then, the proposed two (2) caudal epidural steroid injections are not medically necessary here.

**CERVICAL TRIGGER POINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTION Page(s): 122.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that repeat trigger point injections are not recommended unless greater than 50% pain relief is obtained for six (6) weeks after an injection and there is documented evidence of functional improvement. In this case, however, as with the proposed lumbar caudal epidural steroid injection, there has been no documentation on functional improvement with earlier cervical trigger point injections. The applicant remains off of work. The applicant remains highly reliant and dependent on multiple opioid and non-opioid medications. Pursuing repeat trigger point injections is not indicated, given the applicant's poor response to earlier trigger point injections as defined by the parameters established in the MTUS. Therefore, the request is not medically necessary.

