

<b>Case Number:</b>	CM13-0071371		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/27/1998
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Orthopedic Surgery, 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:

According to the records made available for review, this is a 57-year-old male with a 4/12/11 date of injury. At the time (10/14/13) of the request for authorization for post op 12 physical therapy visits, lumbar, there is documentation of subjective (lower back complaints) and objective (moderate pain to lumbar range of motion and decreased sensation across the left L5 distribution) findings, current diagnoses (lumbar discogenic disease at L4-5 and L5-S1, lumbar annular tear at L4-5 level, per MRI review stenosis at L4-5 and L5-S1 level, and retrolisthesis grade I at L5-S1 level), and treatment to date (medication, physical therapy, and epidural steroid injection). There is no documentation of a recent or pending surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TRANSFORAMINAL SELECTIVE EPIDURAL TRIGGER PONT INJECTION, QUANTITY 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute LLC, online, Section: Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Trigger point injections Page(s):

122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** Regarding the requested transforaminal selective epidural injection, MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Regarding the requested trigger point injection, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of a diagnosis of cervical spinal stenosis. In addition, there is documentation of a plan identifying transforaminal selective epidural injection at C7 bilaterally and trigger point injections to the left periscapular area. Regarding the requested transforaminal selective epidural injection, there is documentation of subjective (pain) radicular findings in the requested nerve root distribution and failure of conservative treatment (medication and home exercise program). However, despite documentation of objective findings (decreased cervical range of motion with pain and trigger points to the left upper trapezius, major rhomboid, and levator scapulae on the left); there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, despite documentation of 7/29/10 medical report's reported imaging findings (MRI of the cervical spine identifying degenerative changes at C5 and C6 with foraminal stenosis bilaterally but at a severe grade at the C6 and C7 foramina on the left and moderate stenosis on the right), there is no documentation of an imaging report. Furthermore, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Regarding the requested trigger point injection, there is documentation of referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises and medications have failed to control pain; radiculopathy is not present (by exam); and no more than 3-4 injections per session. However, there is no documentation of myofascial pain syndrome. In addition, despite documentation of objective findings (trigger points to the left upper trapezius, major rhomboid, and levator scapulae on the left); there is no (clear) documentation of circumscribed trigger points with evidence upon palpation of a twitch response. In addition, there is no documentation of failure additional medical management therapies (physical therapy). Therefore, based on guidelines and a review of the evidence, the request for transforaminal selective epidural trigger point injection, quantity 3 is not medically necessary.