MAXIMUS Federal Services

Case Number:	CM14-0012156		
Date Assigned:	02/21/2014	Date of Injury:	10/02/2012
Decision Date:	07/25/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 patient is a 54-year-old female who has submitted a claim for brachial neuritis or radiculitis not otherwise specified and muscle spasm associated with an industrial injury date of October 2, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of low back and bilateral anterior thigh pain. Physical examination showed limitation of motion of the cervical and lumbar spine; weakness of right wrist on flexion and right ankle dorsiflexion both at 4+; positive Spurling's test bilaterally, right greater than left; positive Tinel's over the right wrist; and muscle spasm across the back with trigger points identified bilaterally. MRI of the lumbar spine obtained on June 17, 2013 revealed bilateral laminectomy with posterior fusion change identified from L4 to S1; and a 3-4mm broad-based disc bulge at L2-3 and 4mm at L3-4, causing mild-to-moderate bilateral lateral recess narrowing and mild-to-moderate bilateral neural foraminal stenosis with mild central canal stenosis measuring 9mm AP. The diagnoses were cervical radiculitis, status post cervical fusion, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, muscle spasms and status post lumbar surgery. Treatment plan includes a request for bilateral transforaminal epidural steroid injection with fluoroscopy and sedation at L3-4, bilateral facet block injection at C4-5, and trigger point injection to the paralumbar region. Treatment to date has included oral analgesics, acupuncture, chiropractic therapy, trigger point injections and cervical and lumbar spine surgery.Utilization review from January 20, 2014 denied the request for bilateral transforaminal epidural steroid injection with fluoroscopy and sedation at L3-4 because of limited documentation of radicular pain in the level of L3-L4; bilateral facet block injection at C4-5 because there were no imaging findings of the cervical spine submitted; and trigger point injection to the paralumbar region due to limited evidence of sustained pain relief and circumscribed trigger points with evidence upon palpation of a twitch response.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION WITH FLUOROSCOPY AND SEDATION AT L3-4: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In this case, lumbar spine MRI show mild-to-moderate bilateral lateral recess narrowing and mild-to-moderate bilateral neural foraminal stenosis with mild central canal stenosis at L2-3 and L3-4. However, there were no focal neurologic deficits on physical examination. The guideline requires documentation of radiculopathy both by physical examination and imaging studies. Furthermore, there was no evidence of failure of conservative treatment to relieve symptoms. The guideline criteria were not met. Therefore, the request for bilateral transforaminal epidural steroid injection with fluoroscopy and sedation at L3-4 is not medically necessary and appropriate.

BILATERAL FACET BLOCK INJECTION AT C4-5: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint diagnostic blocks.

Decision rationale: The Official Disability (ODG) criteria for the use of diagnostic blocks for facet nerve pain include cervical pain that is non-radicular and at no more than two levels bilaterally; and documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the patient has undergone cervical fusion surgery at an unspecified level. It is unclear whether the requested cervical spinal level to be injected is the same level that underwent cervical fusion surgery. Imaging studies of the cervical spine were not provided. Moreover, physical examination demonstrated a positive Spurling's test indicative of radicular pain. There

was also no evidence of failure of conservative treatment to relieve symptoms. The guideline criteria were not met. Therefore, the request for bilateral facet block injection at C4-5 is not medically necessary and appropriate.

TRIGGER POINT INJECTION TO THE PARALUMBAR REGION: 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: The MTUS Chronic Pain Medical Treatment Guidelines, state that trigger point injections (TPIs) are recommended only for myofascial pain syndrome. All of the following criteria should be met: documentation of 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 have failed to control pain; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. In this case, physical examination did not demonstrate a twitch response as well as referred pain. Provocative tests to confirm presence or absence of lumbar radiculopathy were also not provided. The patient has undergone previous trigger point injections. However, response to treatment was not discussed. Furthermore, there was no evidence of failure of conservative treatment to relieve pain. The guideline criteria were not met. Therefore, the request for trigger point injection to the paralumbar region is not medically necessary and appropriate.