

Case Number:	CM14-0018600		
Date Assigned:	04/18/2014	Date of Injury:	07/20/2009
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old male who reported an injury to his back on 07/20/2009 from improper safety equipment use. Clinical notes from 10/16/2011, reported weakness in the extremities, unsteady gait, hyperreflexia, and a positive Romberg's sign. Strength and motor results were uniformly 4-/5 along all tests on the right and the left. The official electromyography (EMG) report from 10/8/2013 showed evidence of polyradiculopathy along the left C5/6. On a secondary treating physician's note on 12/11/2013, the worker reported pain on left side of his head and neck with numbness from the top of the left side of his head down to his left hand. In addition, he reported unscaled low back pain radiating bilaterally to the back of his legs. In the same report, a review of the medical records reportedly revealed that the worker had previous trigger point injections with very limited relief, a fusion surgery on C3-C7 in 2012, and an epidural steroid injection with unknown effect. The trigger point injections are recommended to reduce myospasms after failed physical therapy, the occipital nerve blocks are recommended by the physician to address recurrent headaches, and lastly the epidural steroid injections to lower radicular symptoms to the lower extremities. There was no request for authorization forms submitted in the documentation for the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION: 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 Chronic Pain Guidelines recommend trigger point injections only for myofascial pain syndrome and are not recommended for typical back pain or neck pain with evidence of a twitch response and referred pain on physical examination. Furthermore, the injections are not recommended for radicular pain and, if previously done, a documented minimum relief of 50% or greater is required. The clinical notes reported the worker with consistent signs and symptoms of radiculopathy, locations of the injections were not disclosed, and further orthopedic physical tests did not include palpation for twitch response or referred pain. In addition, documentation failed to show evidence of at least 50% relief from previous trigger point injections. Thus, the request is not medically necessary.

CERVICAL EPIDURAL STEROID INJECTION: 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 Chronic Pain Guidelines recommend an epidural steroid injection for radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Concurrently, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight (6-8) weeks, with a general recommendation of no more than four (4) blocks per region per year. The worker presented signs and symptoms of radiculopathy during the physical exams and showed on his electromyography (EMG) radiculopathy along C5/6. However, the worker has had a previous epidural steroid injection (ESI) and the request does not specify the areas of treatment. Furthermore, the unknown response to the previous ESI is not present in the submitted documents. Thus, the request is not medically necessary.

OCCIPITAL NERVE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GREATER OCCIPITAL NERVE BLOCK, DIAGNOSTIC.

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 (ACUTE & CHRONIC), GREATER OCCIPITAL NERVE BLOCK, THERAPEUTIC.

Decision rationale: The clinical notes revealed recurrent headaches in multiple notes. The Official Disability Guidelines indicate that it is still under study for the treatment of occipital neuralgia and cervicogenic headaches. It also states that there is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. Therefore, despite documentation showing recurrent headaches, the guidelines state that the requested treatment is limited in analgesic response and is medically unnecessary and only best used for diagnostic study. Hence, the request is not medically necessary.