

Case Number:	CM14-0141597		
Date Assigned:	09/10/2014	Date of Injury:	04/17/1996
Decision Date:	12/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 Emergency 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 injured worker is a 62 year-old female, who sustained an injury on April 17, 1996. The mechanism of injury is not noted. Diagnostics have included: May 27, 2014 Cervical MRI reported as showing C3-4 facet arthrosis and possible C7-T1 pathology; May 27, 2014 Lumbar MRI reported as showing L4-5 facet arthropathy. Treatments have included: physical therapy, medications, cervical fusion, lumbar fusion with instrumentation. The current diagnoses are: history of cervical fusion, history of lumbar fusion with instrumentation. The stated purpose of the request for selective nerve root block AT C4 was not noted. The request for selective nerve root block AT C4 was denied on August 15, 2014, citing a lack of neither documentation of imaging study confirmation or neuroforaminal stenosis nor physical exam findings indicative of pathology at the C3-4 level. The stated purpose of the request for lumbar transforaminal ESI L4-5 was not noted. The request for lumbar transforaminal ESI L4-5 was denied on August 15, 2014, citing a lack of neither documentation of imaging study confirmation or neuroforaminal stenosis nor physical exam findings indicative of current radiculopathy. The stated purpose of the request for cervical trigger point injection was not noted. The request for cervical trigger point injection was denied on August 15, 2014, citing a lack of documentation of medical necessity. Per the report dated May 28, 2014, the treating physician noted complaints of ongoing neck and lower back pain with periodic radicular symptoms. The treating physician has documented the absence of new focal myotomal or dermatomal deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block at C4: Upheld

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

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

Decision rationale: The requested selective nerve root block AT C4, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has ongoing neck and lower back pain with periodic radicular symptoms. The treating physician has documented the absence of new focal myotomal or dermatomal deficits. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, selective nerve root block AT C4 is not medically necessary.

Lumbar Transforaminal ESI L4-L5: Upheld

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

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

Decision rationale: The requested lumbar transforaminal ESI L4-5, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has ongoing neck and lower back pain with periodic radicular symptoms. The treating physician has documented the absence of new focal myotomal or dermatomal deficits. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, lumbar transforaminal ESI L4-5 is not medically necessary.

Cervical Trigger Point Injection: Upheld

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

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

Decision rationale: The requested cervical trigger point injection is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." The injured worker has ongoing neck and lower back pain with periodic radicular symptoms. The treating physician has documented the absence of new focal myotomal or dermatomal deficits. The treating physician has not documented a twitch response on physical exam. The criteria noted above not having been met and the request is not medically necessary.