

<b>Case Number:</b>	CM14-0037345		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Nevada. 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 54 year-old female who was reportedly injured on March 15, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 9, 2013, indicates that there are ongoing complaints of neck, mid and low back pain, sciatic pain, bilateral lower extremity difficulties, headache, anxiety and sleep disorders. The physical examination demonstrated tenderness to palpation in the coccygeal area, lumbar area and a hematoma. A decrease in lumbar spine range of motion is reported. The diagnostic imaging studies objectified a normal appearing cervical spine on plain film, MRI of the cervical spine identified many disc lesions throughout the entirety of the spine, post laminectomy changes of the lumbar spine and a fusion at L5-S1, and a disc protrusion preceding the fusion surgery. The previous treatment includes multiple injections and multiple locations, multiple medications, psychiatric intervention for posttraumatic stress disorder. A request was made for trigger point injections and facet blocks and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sided C3-4, C4-5, C5-6 facet blocks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** These injections have no proven benefit treating acute neck and upper back symptoms. While these have been done repeatedly, additional literature identifies that no more than 2 levels are to be done at any one time. Given the basis for this request, there is insufficient clinical data demonstrating any efficacy or utility at multiple levels or that these injections have had any success in the past. The pain complaints continued. As such, it is determined that this is not medically necessary.

**Retrospective Trigger point injections. DOS 02/26/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Trigger Point Injections Page(s): 122-127.

**Decision rationale:** There is limited clinical indication for trigger point injections, as there is no circumscribed trigger points, there is no noted efficacy and these are not indicated for radicular pain on the progress of indicated bilateral lower extremity pain. Therefore, when considering the date of injury and the past treatment with no noted efficacy there is insufficient clinical evidence presented to establish any medical necessity. As such, it is determined that this is not medically necessary.