

<b>Case Number:</b>	CM14-0066807		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old male whose date of injury is 01/19/2000. The mechanism of injury is described as pulling branches. Treatment to date includes acupuncture, physical therapy, cervical epidural steroid injections, lumbar epidural steroid injections, sacroiliac joint injection, trigger point injections, Botox injections and medication management. Panel qualified medical evaluator dated 01/30/14 indicates that note dated 01/15/14 indicates that the injured worker reports his pain has been worse lately. There is diffuse tenderness of the back on physical examination. It is reported that the injured worker is benefiting from opiate therapy. Diagnoses are not listed on this form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection with anesthetic/steroid:** 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:** There is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by California Medical

Treatment Utilization Schedule guidelines. The request is nonspecific and does not indicate where the injection will be performed. California Medical Treatment Utilization Schedule guidelines note that radiculopathy should not be present; however, there is a concurrent request for epidural steroid injection which is used for the treatment of radiculopathy. Based on the clinical information provided, the request for trigger point injection with anesthetic/steroid is not recommended as medically necessary.

**Cervical epidural steroid injection with fluoroscopy and sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, 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 most recent physical examination submitted for review fails to establish the presence of active cervical radiculopathy, and there are no imaging studies/electrodiagnostic results submitted for review to support the diagnosis as required by California Medical Treatment Utilization Schedule guidelines. The request is nonspecific and does not indicate the level, laterality or approach to be performed. There is no documentation of extreme anxiety or needle phobia submitted for review to support the utilization of sedation. Based on the clinical information provided, the request for cervical epidural steroid injection with fluoroscopy and sedation is not recommended as medically necessary.