

Case Number:	CM14-0080894		
Date Assigned:	07/18/2014	Date of Injury:	09/20/2013
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine & 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:

This 33 year-old patient sustained an injury on 9/20/13 while employed by [REDACTED]. Request under consideration include Cervical epidural steroid injection at C6-C7 #1 and Trigger point injections, cervical region. Diagnoses include cervical intervertebral disc displacement without myelopathy; myalgia and myositis. Conservative care has included medications, physical therapy, and modified activities/rest. MRI of the cervical spine dated 1/10/14 showed 2 mm disc bulge at C6-7 with minimal left foraminal narrowing; no evidence of canal or right neural foraminal stenosis; no anatomical impingement. Report of 4/30/14 from the provider noted patient with ongoing chronic pain in the left shoulder, trapezius, neck, in between shoulder blade and spine rated at 8-9/10. Medications help somewhat and list Mercaptopurine, Birth control, Claritin, and Glutamine. Exam showed tight left paraspinal muscles and rhomboid; normal cervical range; positive Spurling on left; unrestricted shoulder range and elbow range; no tenderness over radial head or subacromial space of shoulder; unrestricted wrist range of motion; diffuse decreased motor strength of 4/5 on left. Treatment recommendations included trial of cervical epidurals, acupuncture, and trigger point injections. The requests for cervical epidural steroid injection at C6-C7 QTY: 1 and Trigger point injections, cervical region were non-certified on 5/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection at C6-C7 #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: Per guidelines, ESI may be an option to defer surgery; however, submitted report has not shown any surgical lesion on MRI or myotome and dermatomal correlation on clinical examination. The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not established here as the MRI showed minimal foraminal narrowing on left; however, without canal stenosis and does not correlate with diffuse motor weakness. The Cervical epidural steroid injection at C6-C7 #1 is not medically necessary and appropriate.

Trigger point injections, cervical 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 injection Page(s): 122.

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Trigger point injections, cervical region is not medically necessary.