

Case Number:	CM14-0190609		
Date Assigned:	11/24/2014	Date of Injury:	10/20/2004
Decision Date:	01/29/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehab 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 workers, a 73-year-old, is being treated for low back pain and right upper extremity pain. Date of injury is 12/17/97. MRI findings of the cervical spine dated 10/7/14 describes moderately severe multilevel degenerative disc disease most severe at C5-6 and C6-7 with associated moderately severe bilateral foraminal narrowing. On a 10/7/14 follow-up evaluation following trigger point injections to nonspecified muscles, there is minimal relief with pain in the right upper extremity pain as reported. Request was subsequently made for trigger point injections of the cervical spine and cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point of Cervical Spine: 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): 175.

Decision rationale: The injured worker is being treated for chronic neck pain with radiation to the right upper limb. Cervical epidural steroid injection is requested based on symptomatology of neck pain rate of right upper limb. There are no physical exam findings consistent with cervical

radiculopathy. MRI findings are report with multilevel degenerative disc disease and bilateral neural foraminal narrowing. MTUS guidelines recommend trigger point injections for the treatment of myofascial pain syndrome and not recommended for radicular pain. There is no documentation in support of myofascial pain syndrome indicating discrete taut bands of skeletal muscle. In addition, prior trigger point injections of unspecified location reportedly provided no significant improvement in pain and function. The request for trigger point injections is therefore not be necessary.

Cervical Epidural Steroid Injection: Upheld

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

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

Decision rationale: The injured worker is being treated for chronic neck pain with radiation to the right upper limb. Cervical epidural steroid injection is requested based on symptomatology of neck pain radiating to the right upper limb. There are no physical exam findings consistent with cervical radiculopathy. MRI findings are consistent with multilevel degenerative disc disease and bilateral neural foraminal narrowing. MTUS guidelines indicates cervical epidural steroid injections suitable for patients who would otherwise undergo open surgical procedure for nerve root compromise. Provided documentation does not indicate that the patient would otherwise undergo cervical decompression surgery. Furthermore there is a lack of physical exam findings reported consistent with cervical radiculopathy and specified level and side for requested cervical epidural injection. The request is therefore not medically necessary.