

Case Number:	CM15-0004899		
Date Assigned:	01/16/2015	Date of Injury:	08/29/2012
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 8/29/2012. The diagnoses have included adjustment reaction with depression and anxiety, disc bulging cervical spine and radiculopathy cervical spine, sprain/strain sacroiliac ligament. Treatment to date has included pain medications, physical therapy, chiropractic and pool therapy and functional restoration program. Per the physician visit note from 10/21/2014, the injured worker reported that her neck pain, upper back pain, middle back pain, lower back pain, right shoulder pain and right hip pain at 3/10. Physical exam revealed tenderness to palpation at the lumbar spine and the cervical spine. The patient has had tenderness on palpation of left sacroiliac joint and positive Faber test, 5/5 strength and normal sensation. The injured worker was instructed to continue with activity modification, home exercise program, brace, medications, psychological treatment and heat. The medication list include Diclofen, Lidoderm, Neurontin, and Topamax. The patient has had EMG of upper and lower extremity and MRI of hip, low back and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the Cervical Spine (#3): 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): page 122.

Decision rationale: Request: Trigger Point Injections to the Cervical Spine (#3)MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections:(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.The records provided did not specify the indications for trigger point injections listed above.Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided.Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided.The diagnoses have included adjustment reaction with depression and anxiety, disc bulging cervical spine and radiculopathy cervical spine, sprain/strain sacroiliac ligament.There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular painThe medical necessity of the request for Trigger Point Injections to the Cervical Spine (#3) is not fully established in this patient.

Bilateral SI Joint Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Joint Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (updated 10/09/14) Sacroiliac joint injections (SJI)

Decision rationale: Request: Bilateral SI Joint InjectionsCalifornia Medical Treatment Utilization Schedule (MTUS), does not address SI joint injection under fluoroscopy. Therefore ODG used.As per ODG SI joint injection under fluoroscopy "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy."Patient has received an unspecified

number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehabilitation efforts including physical therapy and chiropractic sessions was not specified in the records provided. Evidence of lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. A detailed examination of the SI joint was not specified in the records provided. The medical necessity of the request for Bilateral SI Joint Injections is not fully established in this patient.