

<b>Case Number:</b>	CM15-0101654		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old man sustained an industrial injury on 4/12/2002. The mechanism of injury is not detailed. Evaluations include an undated electromyogram and cervical spine MRI. Diagnoses include cervical spondylosis without myelopathy, cervical disc displacement without myelopathy, cervical disc degeneration, carpal tunnel syndrome, anxiety, depressive disorder, insomnia, chronic pain syndrome, migraine cervical post-laminectomy syndrome, lateral epicondylitis, Achilles tendinitis or bursitis, myalgia and myositis, and injury to musculocutaneous nerve. Treatment has included oral medications, epidural steroid injection, and surgical intervention. Physician notes dated 4/30/2015 show complaints of pain from the neck down to the arm and headaches. The worker rates his pain 4/10 with medications and 7/10 without medications and states he is having a lot of muscle spasms. Recommendations include transdermal compound cream, Norco, Oxycontin, Zanaflex, Lunesta, medical marijuana, cervical epidural steroid injection, trigger point injections, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection, #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122 Page(s): 122.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2002. He continues to be treated for headaches and radiating neck pain. When seen, pain was rated at 4-7/10. Physical examination findings included decreased cervical spine range of motion. There was cervical paraspinal, rhomboid, and trapezius muscle tenderness. Spurling's testing caused neck pain radiating to the upper extremity. There was left lateral wall tenderness. There was decreased right upper extremity strength and sensation in a nondermatomal pattern. The assessment references a prior series of three epidural injections in August 2011 through March 2012 as having provided good pain relief. An MRI of the cervical spine is referenced as showing a disc bulge at T1. EMG testing is listed without description of test results findings. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary.

**Epidural steroid injection (ESI), cervical at C7-T1, #3:** 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 Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2002. He continues to be treated for headaches and radiating neck pain. When seen, pain was rated at 4-7/10. Physical examination findings included decreased cervical spine range of motion. There was cervical paraspinal, rhomboid, and trapezius muscle tenderness. Spurling's testing caused neck pain radiating to the upper extremity. There was left lateral wall tenderness. There was decreased right upper extremity strength and sensation in a non-dermatomal pattern. The assessment references a prior series of three epidural injections in August 2011 through March 2012 as having provided good pain relief. An MRI of the cervical spine is referenced as showing a disc bulge at T1. EMG testing is listed without description of test results findings. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies or electro diagnostic testing. In this case, there are no physical examination findings, such as decreased sensation or strength in a dermatomal distribution, or reported imaging findings that support a diagnosis of cervical radiculopathy. Additionally, a 'series-of-3' injection in either the diagnostic or the therapeutic phase is not recommended. Therefore, the requested epidural steroid injection was not medically necessary.