

Case Number:	CM15-0104014		
Date Assigned:	06/08/2015	Date of Injury:	10/30/2014
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female, who sustained an industrial injury on 10/30/14. She reported sudden onset of low back pain after falling from a chair. The injured worker was diagnosed as having muscle pain, lumbar disc bulge, myofascial pain, lumbar pin, cervicalgia, facet pain and cervical disc herniation without myelopathy. Treatment to date has included physical therapy, anti-inflammatories, Tylenol, chiropractic treatment and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 4/24/15 noted diffuse cervical and thoracic arthropathy with neuroforaminal stenosis, diffuse cervical and thoracic degeneration broad based disc osteophyte complex at C5-6 and C6-7 and (MRI) magnetic resonance imaging of lumbar spine revealed L5-S1 mild loss of disc height with disc desiccation, L5-5 moderate loss of disc height and anterolisthesis of L4. Currently, the injured worker complains of continued, however improving neck and shoulder pain. She is currently working. Physical exam noted mild to moderate tenderness in the bilateral cervical paraspinals, trapezius, shoulder, scapula region with restricted range of motion and moderate tenderness in the bilateral lumbar paraspinals with restricted range of motion. The treatment plan included continuation of oral medications, trigger point injections, chiropractic therapy 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:

Epidural steroid injection with fluoroscopic guidance at C7-T1 quantity: 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 Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: 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 Electro diagnostic testing, not clearly established here at proposed cervical level consistent with neurological deficits. Submitted reports have not adequately demonstrated any neurological deficits or significant findings of radiculopathy collaborated with imaging. The symptom complaints, pain level, clinical findings and pain medication dosing remained unchanged for this injury. The patient continues to treat for chronic symptoms without report of flare-up, new injury, or acute change in clinical findings or progression in functional status. The Epidural steroid injection with fluoroscopic guidance at C7-T1 quantity: 1 is not medically necessary and appropriate.

Cervical trigger point injection quantity: 1: 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 injection, page 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 nor were there any functional benefit from previous injections. 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 and diagnosis which are medically contraindicated for TPIs criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Cervical trigger point injection quantity: 1 is not medically necessary and appropriate.