

<b>Case Number:</b>	CM15-0109574		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	03/17/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Arizona, 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 48 year old female, who sustained an industrial injury on 3-17-2015. The injured worker was being treated for cervical pain and lumbar sprain and strain. The injured worker (5-7-2015) reported neck pain with cracking and grinding of the neck with range of motion, twisting and turning the head and neck. She reported radiating pain into the head and shoulders, frequent headaches, neck stiffness, and restricted range of motion. The physical exam (5-7-2015) revealed decreased cervical and lumbar range of motion with spasm, tenderness, and guarding. The treating physician noted right upper extremity numbness over the C6 (cervical 6) and C7 (cervical 7) dermatomes with radiating pain to the right upper extremity over the C6 dermatome. The treating physician noted left lower extremity numbness over the L5 (lumbar 5) dermatome with radiating pain to the left lower extremity over the L5 and S1 (sacral 1) dermatomes. The MRI of the cervical spine (5-19-2015) stated there is a 4-5 mm right greater than left bulge or protrusion at C5-6 (cervical 5-6) with moderate right lateral recess encroachment. The MRI stated there is mild central canal stenosis, moderately severe right neural foraminal narrowing, mild left neural foraminal narrowing, and disc desiccation with narrowing. The MRI stated there was a 1 mm bulge with the central canal and foramina maintained. The MRI of the lumbar spine (5-21-2015) stated there is a 2mm disc bulge at L4-5 (lumbar 4-5), mild right greater than left neural foraminal narrowing, and slight central canal narrowing with the disc indenting the thecal sac. The MRI also stated there is a 1-2 mm disc bulge at L5-1, slight neural foraminal encroachment, and no central canal stenosis. Treatment has included chiropractic therapy. Per the treating physician (5-7-2015 report), the injured worker was not currently working. The requested treatments included 3 injections of Lidocaine

1%. On 5-28-2015, the original utilization review non-certified a request for 3 injections of Lidocaine 1%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**3 injections of Lidocaine 1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** According to the guidelines trigger point injections are not recommended due to their short-term benefit. IF performed for myofascial pain there should be no evidence of radiculopathy. In this case, there is referred and radicular pain. The claimant was not established as having distinct myofascial pain. The request for the injections is not necessary.