MAXIMUS Federal Services

Case Number:	CM15-0018128		
Date Assigned:	02/06/2015	Date of Injury:	11/17/2012
Decision Date:	04/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/30/2015

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 55 year old female, who sustained an industrial injury on 11/17/2012. The diagnoses have included cervical radiculopathy, lumbar sprain, lumbar radiculopathy and cervical sprain. Treatment to date has included cervical epidural steroid injection (ESI), physical therapy, acupuncture and medication. According to the supplemental status report on pain management progress dated 10/27/2014, the injured worker complained of neck pain, pain in upper and lower extremities, mid back pain and low back pain. Low back pain radiated to the right leg. The injured worker also complained of spasms in her lower back area which were painful. Neck pain radiated to the bilateral upper extremities. Physical exam revealed paraspinal tenderness. The treatment plan was for a translaminar cervical epidural C4-C5 midline. A urine drug screen was done at the visit. Ibuprofen, topical cream and patches were removed. The injured worker was to be referred to an occupational retraining program and was advised to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to paraspinal MS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back chapter, trigger points injection.

Decision rationale: The patient was injured on 11/17/12 and presents with neck pain, pain in upper and lower extremities, mid back pain and low back pain which radiates to the right leg. The request is for a TRIGGER POINT INJECTION TO PARASPINAL MS. There is no RFA provided and the patient's work status is not known. ODG guidelines, neck chapter, trigger points injection section, states the following: "Not recommended in the absence of myofascial pain syndrome. See the pain chapter for criteria for the use of trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; maybe appropriate when myofascial trigger points are present on examination. Trigger point injections are not recommended when there are radicular signs, but they may be used for cervicalgia." MTUS guidelines, page 122, state that "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 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 therapy 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 three to four 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 the functional improvement; 7. Frequency should not be at an interval less than two months; 8. Trigger point injections with any substance (saline or glucose) other than local anesthetic. The patient is diagnosed with lumbar sprain, cervical sprain, and cervical radiculopathy / DDD / spondylosis. He has paracervical tenderness, a decreased cervical spine range of motion, paraspinal tenderness, spasms in his lower back, and his pain is aggravated by exertion, walking, bending, lifting, and standing. The 07/17/14 MRI of the lumbar spine revealed the following: 1. L3-4: mild disc desiccation. There is 2 mm broad-based posterior disc bulge. There is mild left lateral recess narrowing. 2. L4-5: there is 2 mm broad-based posterior disc bulge with no spinal stenosis. There is mild bilateral lateral recess narrowing. Treatment to date has included cervical epidural steroid injection (ESI), physical therapy, acupuncture and medication. In this case, the report with the request is not provided. Review of the reports provided does not indicate if the patient had any prior trigger point injections. There are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. There is no indication that the patient has failed physical therapy, NSAIDs, and muscle relaxants. The request does not meet guideline criteria. Therefore, the requested trigger point injection IS NOT medically necessary.

Translaminar cervical epidural C4-C5 midline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient was injured on 11/17/12 and presents with neck pain, pain in upper and lower extremities, mid back pain and low back pain which radiates to the right leg. The request is for a TRANSLAMINAR CERVICAL EPIDURAL C4-C5 MIDLINE. There is no RFA provided and the patient's work status is not known. The patient had a prior ESI of the cervical spine at C4-5 midline on 09/11/14. Regarding epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient is diagnosed with lumbar sprain, cervical sprain, and cervical radiculopathy/DDD/spondylosis. He has paracervical tenderness, a decreased cervical spine range of motion, paraspinal tenderness, spasms in his lower back, and his pain is aggravated by exertion, walking, bending, lifting, and standing. Treatment to date has included cervical epidural steroid injection (ESI), physical therapy, acupuncture and medication. In this case, the report with the request is not provided. The patient had a prior ESI of the cervical spine; however, the result of this ESI is not provided. MTUS requires at "least 50% pain relief with associated reduction of medication use for six to eight weeks" for repeat blocks. There is no numerical value provided regarding how much benefit the patient had from the prior ESI. There is no MRI of the cervical spine provided. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Furthermore, the treater did not document the results of the prior cervical ESI. Therefore the requested translaminar cervical epidural injection IS NOT medically necessary.

Physical therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 11/17/12 and presents with neck pain, pain in upper and lower extremities, mid back pain and low back pain which radiates to the right leg. The request is for a PHYSICAL THERAPY X 12 VISITS. There is no RFA provided and the patient's work status is not known. Review of the reports provided does not indicate if the patient had any recent physical therapy. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines

page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with lumbar sprain, cervical sprain, and cervical radiculopathy/DDD/spondylosis. He has paracervical tenderness, a decreased cervical spine range of motion, paraspinal tenderness, spasms in his lower back, and his pain is aggravated by exertion, walking, bending, lifting, and standing. Treatment to date has included cervical epidural steroid injection (ESI), physical therapy, acupuncture and medication. In this case, the report with the request is not provided and it does not appear that the patient had any recent surgery or physical therapy. The treater is requesting for a total of 12 visits of physical therapy, which exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.