

Case Number:	CM15-0134411		
Date Assigned:	07/22/2015	Date of Injury:	03/09/2012
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 36-year-old female who sustained an industrial injury on 03/09/2012. Diagnoses/impressions include cervical spine herniated nucleus pulposus and cervical spine right radiculopathy. Much of the documentation was difficult to decipher. Treatment to date has included medications. According to the PR1 dated 5/28/15, the IW reported pain in the neck, back and right shoulder rated 10/10. The neck pain radiated to the right arm or shoulder. On examination, the cervical range of motion was limited and sensation was reduced in the right C5, C6 and C7 dermatomes. A request was made for cervical spine epidural steroid injection (x 3) at level C5-6 with trigger point injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine epidural steroid injection x 3 at level C5-6 with trigger point injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Trigger point injection Page(s): 46, 122. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection, Pain section, Trigger point injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cervical spine epidural steroid injection times three at C5-C6 level with trigger point injection under fluoroscopy are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections 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; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine HNP; and cervical spine and right radiculopathy. The medical record contains six pages. A progress note dated May 28, 2015 is illegible. There were no subjective complaints or objective clinical findings indicating radiculopathy. There is no documentation of corroborating magnetic resonance imaging scans or electrodiagnostic studies. There is no clinical indication for a series of three epidural steroid injections. There is no clinical indication or clinical rationale for trigger point injections (given concurrently). Based on the illegible clinical information in the medical record and the peer-reviewed evidence-based guidelines, cervical spine epidural steroid injection times three at level C5-C6 with trigger point injection under fluoroscopy are not medically necessary.