

<b>Case Number:</b>	CM15-0160848		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/28/1997
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 4-28-1997. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc displacement. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-23-2015, the injured worker complains of cervical spine pain rated 6-8 out of 10 with increased pain in the right upper extremity. Physical examination showed abnormal cervical spine range of motion. The treating physician is requesting trapezius trigger point injections and interlaminar injection at cervical 7-thoracic 1 under fluoroscopy guidance and moderate sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection in trapezius:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

**Decision rationale:** Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections if they have been done previously. In the absence of such documentation, the requested trigger point injections are not medically necessary.

**Interlaminar injection at C7-T1 under fluoroscopy guidance and moderate sedation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Epidural Steroid Injection.

**Decision rationale:** Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG states that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. They go on to state that if there is a documented exception to guidelines, they may be performed, provided they are not done at higher than C6-7 level, cervical interlaminar injections are not recommended, and particulate steroids should not be used. Diagnostic epidurals may be performed when diagnostic imaging is ambiguous. Within the documentation available for review, the requesting physician has not identified why the patient would be an exception to guideline recommendations against Cervical ESI. Additionally, there is no documentation that the procedure will be performed without particulate steroid, and using a non-interlaminar approach. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.