

<b>Case Number:</b>	CM15-0023213		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Preventive Medicine, Occupational 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 is a 41 year old female who sustained an industrial injury on 10/28/12 involving her lifting resulting in low back pain. Currently she complains of neck pain radiating down bilateral upper extremities; low back pain radiating down bilateral lower extremities; groin pain; ongoing headaches; pelvic pain. She rates her pain intensity as 5/10 with medications and 7/10 without medications. Her activities of daily living are compromised regarding hygiene, self-care, activity, ambulation, hand function and sex. Medications are Flexeril, gabapentin Norco, Vitamin D and Naloxone, cyclobenzaprine. Diagnoses are cervical and lumbar radiculitis; chronic pain syndrome; chronic pain trauma. Treatments to date include trigger point injections into lumbar and thoracic spine, medications, physical therapy. Diagnostic studies included normal electromyography and nerve conduction study of the lower extremities and abnormal electromyography and normal nerve conduction study of the upper extremities (10/21/14); abnormal MRI of the pelvis (4/14/13); abnormal MRI lumbar spine (12/7/12); abnormal MRI of the thoracic spine (12/14/12) and normal pelvic ultrasound (11/1/13). The progress note dated 1/26/15 indicates a request for lumbar epidural steroid injection based on a positive response to previous injection; home exercise program was also requested; medication refills. On 1/30/15 Utilization review non-certified the request for outpatient cervical facet blocks at C5-6 and C6-7 X 3 and trigger point injections X 3 (2 for cervical pain abdomen, 1 to right thoracic mid-level) citing ODG: Low Back and MTUS: Chronic pain Medical Treatment Guidelines respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Cervical Facet Blocks At C5-6 And C6-7 X3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint therapeutic steroid injections.

**Decision rationale:** According to the Official Disability Guidelines, cervical facet joint therapeutic steroid injections are not recommended. In the event that facet joint injections were given previously, to be considered for a repeat injections the patient must have had initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. The patient's previous lumbar blocks did not provide a significant duration of relief. Outpatient Cervical Facet Blocks At C5-6 And C6-7 X3 are not medically necessary.

**Trigger Point Injections (TPIs) X3 (2 For Cervical Pain Abdomen, 1 To Right Thoracic Mid-Level): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 122.

**Decision rationale:** The MTUS lists the following criteria for the use of Trigger point injections: 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 therapies 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 3-4 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 functional improvement; (7) Frequency should not be at an interval less than two months. Although the patient has had previous injections, there is insufficient documentation of pain relief. Trigger Point Injections (TPIs) X3 (2 For Cervical Pain, Abdomen, 1 To Right Thoracic Mid-Level) are not medically necessary.