

<b>Case Number:</b>	CM15-0035801		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 59-year-old female who sustained an industrial/work injury on 9-12-08. She reported an initial complaint of back pain. The injured worker was diagnosed as having thoracic-lumbosacral neuritis, radiculitis, spinal lumbar degenerative disc disease, post laminectomy syndrome. Treatment to date includes medication and diagnostics. MRI of the cervical spine results were reported on 8-4-14. CT scan results were reported on August 2014 noted facet joint disease of the cervical spine. Currently, the injured worker complained of increased neck pain in the trapezius area rated 8 out of 10 and throbbing in nature. Sleep quality was poor. Per the primary physician's report (PR-2) on 2-9-15, exam noted no acute distress, decreased range of motion to the lumbar spine, intact neurological findings, motor function of 5 out of 5 in bilateral lower extremities, positive facet loading, and decreased sensation. A cane was used for ambulation. The cervical spine had no cervical lordosis, restricted range of motion, tenderness and tight muscle band is noted on the right side, Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity, triceps reflex is 2 out of 4 on both sides, brachioradialis reflex is 2 out of 4 on both sides. The requested treatments include Cervical Epidural Injection C7-T1 and Trigger Point Injection Left Trapezius.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cervical Epidural Injection C7-T1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress note dated 2/9/15, it was noted that neurologic functions were grossly intact, motor function was noted to be 5/5 in the bilateral lower extremities, and a decrease in sensation was reported. MRI of the cervical spine dated 8/4/14 revealed at C7-T1 cervical spondylosis with minimal disc bulge slight right posterolateral predominance with mild right neural foraminal stenosis. Hypertrophic facet changes were noted. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria are not met, the request is not medically necessary.

## **Trigger Point Injection Left Trapezius: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." "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; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)" I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence of circumscribed trigger points with evidence of a twitch response. Per progress report dated 2/11/15, trigger point with radiating pain and twitch response on palpation at trapezius muscle left was noted. The request is medically necessary.