

<b>Case Number:</b>	CM15-0053860		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: 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 is a 52-year-old male, who sustained an industrial injury on January 24, 2011. He reported neck, low back, and left shoulder injury. The injured worker was diagnosed as having cervical disc displacement. Treatment to date has included medications, laboratory work, therapy, and magnetic resonance imaging. A PR-2 dated February 19, 2015, indicates he is seen for continued neck and back pain. He reports having no pain in the left shoulder following trigger point injections given in the last visit. The treatment plan included: request for Tylenol with codeine, transforaminal epidural injection, follow up in 4 weeks, and Ketoprofen cream. The request is for transforaminal epidural injection bilaterally at L4 and L5 nerve roots, consultation with internal medicine, and one set of trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Injection, bilaterally for (lumbar) L4 and L5 nerve roots:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page 46.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. Most current guidelines recommend no more than 2 ESI injections. No more than 2 epidural steroid injections are recommended. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. The primary treating physician's progress report dated 2/2/15 documented that lumbar epidural steroid injections two year ago were no help. No magnetic resonance imaging or electrodiagnostic study results were documented in the 2/19/15 progress report. Per MTUS, 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. The 2/2/15 progress report documented that lumbar epidural steroid injections two year ago were no help. MTUS criteria for the use of epidural steroid injections requires that radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. No magnetic resonance imaging or electrodiagnostic study results were documented in the 2/19/15 progress report. The request for L4 and L5 epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for L4 and L5 epidural steroid injections is not medically necessary.

**Internal Medicine Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Services Commission, 2011 Aug., page 5.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who

treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. An Internal Medicine consultation to evaluate and treat elevated hepatic enzymes was requested. The primary treating physician's progress report dated 2/2/15 documented that the patient was following his primary care physician for abnormal liver tests. The patient reported that his primary care physician is ordering a liver ultrasound. The patient was advised to continue with his primary care physician regarding his liver issues. Because the patient's primary care physician is already managing the abnormal liver tests, an Internal Medicine consultation would be redundant. No rationale was given as to why the patient should consult both his primary care physician and an Internal Medicine physician for the same issue. Therefore, the request for an Internal Medicine consultation is not medically necessary.

**Set Of Trigger Point Injections:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175, 300, 309, Chronic Pain Treatment Guidelines Trigger Point Injections Page 122. Decision based on Non-MTUS Citation Work Loss Data Institute. Neck and Upper Back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. <http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that trigger point injections have limited lasting value. MTUS 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). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that injection of trigger points have no proven benefit in treating acute neck and upper back symptoms. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) states that trigger point injections are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. The primary treating physician's progress report dated 2/2/15 documented new pain in the left periscapular muscles that started about one month ago. MTUS criteria for the use of trigger point injections requires that symptoms have persisted for more than three months. The 2/2/15 progress report documented that symptoms have been present for one month. Therefore, MTUS criteria are not met. MTUS, ACOEM, and Work Loss Data Institute

guidelines do not support the medical necessity of trigger point injections of the neck and upper back. Therefore, the request for trigger point injections is not medically necessary.