

<b>Case Number:</b>	CM15-0086729		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 47 year old female who sustained an industrial injury on 10/30/14 when she fell off her chair landing on her buttocks and used her hands to try and break her fall. She had x-rays of the lumbar spine and sacrum/ coccyx. She currently she has improved low back and right shoulder pain but has worsening neck pain that improves with chiropractic treatments. Her pain level is 7/10. On physical exam of the cervical spine there was mild to moderate tenderness in the bilateral cervical paraspinals, trapezius, shoulder and scapula region with decreased range of motion; lumbar spine had moderate tenderness in the bilateral lumbar paraspinals with decreased range of motion. Medications are Tylenol and ibuprofen. Diagnoses include muscle pain; low back pain, lumbar disc bulge; cervicgia; myofascial pain; facet pain; neck sprain; wrist pain; wrist sprain; shoulder pain. Treatments to date include chiropractic treatments. Diagnostics include lumbar spine x-ray (10/30/14) showing spondylosis and sacrum and coccyx x-rays were normal; cervical spine x-rays were normal; x-ray of the left wrist normal and right wrist mild spondylosis (11/3/14); right shoulder x-ray was normal. In the progress note dated 3/31/15 the treating provider's plan of care includes possible trigger point injections to help with cervical myofascial pain as well as cervical epidural injections based on imaging findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injection, cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 Page(s): 122.

**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 (described as a twitch response as well as referred pain upon palpation) when symptoms have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. Within the documentation available for review, there are no physical examination findings consistent with trigger points as described above. Additionally, there is no documentation of persistent trigger points for at least 3 months and failed conservative treatment as outlined above. In the absence of such documentation, the requested trigger point injections are not medically necessary.

**Cervical spine epidural injection C7-T1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current subjective and objective findings supporting a diagnosis of radiculopathy with imaging or electrodiagnostic corroboration. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.