

Case Number:	CM15-0088523		
Date Assigned:	05/13/2015	Date of Injury:	02/19/2009
Decision Date:	06/15/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

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 58 year old, female who sustained a work related injury on 2/19/09. The diagnoses have included status post cervical fusion, cervical disc disease, cervical sprain/strain, left shoulder impingement, lumbar herniated nucleus pulposus and lumbar degenerative disc disease. The treatments have included trigger point injections and medications. In the PR-2 dated 12/17/14, the injured worker complains of cervical neck pain and left shoulder pain. She rates the left shoulder pain level at 9/10. She has decreased range of motion in cervical neck. Examination of lumbar spine reveals spasm. She has straight leg raise 60 degrees on the left leg. She has decreased sensation in left leg. Left shoulder examination shows forward flexion and abduction to 90 degrees. She has positive impingement sign in left shoulder. She has pain with range of motion in left shoulder. The treatment plan is for a lumbar spine injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1, lumbar epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in February 2009 and continues to be treated for the neck and low back pain. When seen, she was having difficulty sleeping. Prior treatments had included medications, modalities, and physical therapy. Physical examination findings documented in the records that were provided include lumbar spine paraspinal muscle spasms with positive straight leg raising and decreased left lower extremity sensation. An MRI of the lumbar spine is referenced as having shown a posterior disc herniation at L5-S1 with foraminal stenosis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's providers document positive neural tension signs with decreased lower extremity sensation and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.

Trigger point injection times two paralumbar, cervical, thoracic: 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 Trigger point injections Page(s): 122.

Decision rationale: The claimant sustained a work injury in February 2009 and continues to be treated for the neck and low back pain. When seen, she was having difficulty sleeping. Prior treatments had included medications, modalities, and physical therapy. Physical examination findings documented in the records that were provided include lumbar spine paraspinal muscle spasms with positive straight leg raising and decreased left lower extremity sensation. An MRI of the lumbar spine is referenced as having shown a posterior disc herniation at L5-S1 with foraminal stenosis. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and therefore trigger point injections are not medically necessary.