

<b>Case Number:</b>	CM14-0127441		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old male with a 8/19/11 injury date. The mechanism of injury was not provided. In a 7/15/14 follow-up, the patient complains of low back pain that radiates to the left leg, right buttock, and left groin. Objective findings included full cervical range of motion, 5/5 strength in the upper extremities, and intact sensation throughout C5-T1. A cervical spine MRI on 6/20/14 showed a small central disc bulge at C5-6 without evidence of disc herniation or nerve root impingement. Diagnostic impression: myofascial pain syndrome, cervical strain, lumbar radiculopathy. Treatment to date: epidural steroid injection, physical therapy, medications, lumbar surgery. A UR decision on 7/30/14 denied the request for trigger point injections on the basis that there was no documentation of circumscribed trigger points with positive twitch response, and there is evidence of lumbar radiculopathy on exam. The request for cervical epidural steroid injection was denied on the basis that there is no evidence of cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection Bilateral Trapezius and Splenius Capitus:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46 of 127.

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

**Decision rationale:** CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the present case, the patient has lumbar radiculopathy, but there is no evidence of cervical radiculopathy. The presence of lumbar radiculopathy would not contraindicate trigger point injections in the cervical area. However, there is limited documentation of objective findings in the cervical area; the existing documentation appears focused more on lumbar findings. There is no indication of circumscribed trigger points, positive twitch responses or referred pain. The medical necessity of the requested procedure is not established at this time. Therefore, the request for Trigger Point Injection Bilateral Trapezius and Splenius Capitiis is not medically necessary.

**Cervical Epidural Steroid Injection C4-5, C5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 of 127.

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

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. In the present case, there is no evidence of cervical radiculopathy either on physical exam or on MRI. Therefore, the request for Cervical Epidural Steroid Injection C4-5, C5-6 is not medically necessary.