MAXIMUS Federal Services

Case Number:	CM14-0144834		
Date Assigned:	09/12/2014	Date of Injury:	09/15/2011
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 42-year-old female with a reported date of injury on 09/15/2011. The mechanism of injury was a fall. The diagnoses included myofascial pain, cervical radiculitis, cervical spondylosis with myelopathy, and mild carpal tunnel syndrome on the left. The past treatments included pain medication, epidural steroid injection, and physical therapy. The unofficial MRI of the C spine was noted to reveal small protrusions at C4-5, C6-7. Right foraminal protrusion contacting C6 nerve root on the right. The surgical history included right shoulder surgery in 2011. The subjective complaints on 07/21/2014 included ongoing neck pain, worse on the left side than the right, and the pain is constant rated at 8/10 to 9/10. The physical examination to the cervical spine noted tenderness upon palpation, decreased range of motion, and positive Spurling's test. The lumbar spine had normal range of motion and straight leg raise test was negative bilaterally. The medications included Vicodin and Valium. The treatment plan was to proceed with epidural steroid injection and trigger point injections. A request was received for cervical epidural steroid injection under fluoroscopic guidance and trigger point injection with ultrasound guidance. The rationale for the request was that the patient prefers not to take any medications for pain and would like an epidural steroid injection and trigger point injections to relieve her pain. The Request for Authorization form was dated 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: The request for cervical epidural steroid injection under fluoroscopic guidance is not medically necessary. The California MTUS Guidelines state epidural steroid injections are recommended as an option for treating radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for the use of the epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment, such as exercises, physical methods, NSAIDs, and muscle relaxants. The guidelines also state that repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication, and pain relief lasting for 6 to 8 weeks. The injured worker has chronic neck pain. The physical exam noted decreased range of motion to the cervical spine and tenderness to palpation. There was a lack of documentation in the physical exam to clearly establish a diagnosis of radiculopathy, such as decreased sensation in a dermatomal distribution, weakness in a myotomal distribution, diminished deep tendon reflexes. Additionally, there was no official diagnostic imaging study to corroborate radiculopathy findings. Furthermore, it was noted that the injured worker had previous epidural steroid injections done in the past and there was no documentation of pain relief or the duration of pain relief. Finally, the request as presented did not include the level that was going to be injected. For the reasons listed above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Trigger point injection with ultrasound guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The request for trigger point injections with ultrasound guidance is not medically necessary. The California MTUS Guidelines state trigger point injections with local anesthetic may be recommended for treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence of palpation of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain; radiculopathy is not present; and no more than 3 to 4 injections per session. The injured worker has chronic neck pain. There was a lack of documentation of circumscribed trigger points that revealed palpation of a twitch response, as well as referred pain. There was no documentation in regards to how long symptoms have lasted. Additionally, it is not adequately documented that

medical management therapies, such as stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. As for the reasons above, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.