MAXIMUS Federal Services

Case Number:	CM14-0124809		
Date Assigned:	05/01/2015	Date of Injury:	01/05/2008
Decision Date:	06/01/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 male who sustained an industrial injury on 1/5/08. He has reported initial complaints of right knee, back, neck and shoulder injuries after a fall. The diagnoses have included lumbar disc disease, lumbar spondylosis, cervical spondylosis, cervical sprain, thoracic sprain, lumbar sprain, degenerative disc disease (DDD), possible lumbar radiculopathy and left carpal tunnel syndrome. Treatment to date has included medications, epidural steroid injection (ESI), knee surgery, physical therapy, and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar and cervical spine and electromyography (EMG) and nerve conduction velocity studies (NCV) of the upper extremities. The 2010 MRI of the cervical spine showed C5-C6, C6-C7 spondylosis and mild to moderate neural foramina stenosis. The current medications included Ibuprofen, Voltaren gel and Cymbalta. Currently, as per the physician progress note dated 7/17/14, the injured worker complains of neck pain that continues to be problematic with leg cramps right side more than the left. It was noted that he was approved for caudal epidural steroid injection (ESI) but it has not yet been scheduled. The vital signs noted that the height was 57 inches, weight was 192 pounds, pulse was 85 and blood pressure was 133/84. The physical exam noted that there were no changes in the exam which was basically identical to last visit. The previous therapy sessions were noted. The physician requested treatments included Trigger Point Injections for the Cervical Spine and Caudal Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections for the Cervical Spine: 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 9792.24.2 Page(s): 49, 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterNeck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records did not show objective findings of tender taut bands in the cervical spine areas. There is no documentation of recent completion of comprehensive PT or optimum medications treatment with co-analgesics medications such as anticonvulsants. The patient was also scheduled for multiple interventional pain injections in other locations including caudal epidural injection. The guidelines recommend that intervention pain injections be performed individually at each setting and then evaluated for efficacy before other procedures are performed. The criteria for trigger points injection for the cervical spine was not met. Therefore, the request is not medically necessary.

Caudal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterLow and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records showed subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. There is documentation of significant pain relief and functional restoration following previous caudal epidural injections. The criteria for caudal epidural injection was met. Therefore, the request is medically necessary.