

Case Number:	CM15-0063272		
Date Assigned:	04/09/2015	Date of Injury:	01/02/2014
Decision Date:	06/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female, who sustained an industrial injury on January 2, 2014. The mechanism of injury was repetitive work. She was diagnosed with cervical, thoracic and lumbar spine strain, cervical radiculopathy, lumbar radiculopathy, shoulder strain, left rotator cuff tendinitis, patella chondromalacia, bilateral epicondylitis, left wrist tendinitis and degenerative disc disease. Treatment included medications, exercise, epidural steroid injection and physical therapy. Currently, the injured worker complained of increased pain in the right shoulder and left wrist. The treatment plan that was requested for authorization included monitored anesthesia related to injections; trigger point injections into the neck and trapezius, and cervical epidural steroid injection with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monitored Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Trigger Point Injections (neck and trapezius): 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): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review failed to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. There was a lack of documentation that ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants had failed to control pain. There was a lack of documentation of radiculopathy per examination. Given the above, the request is not medically necessary.

Left C5 ESI with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 122.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective pain relief of at least 50%, objective functional improvement and documentation of pain medication reduction for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone epidural steroid injections. There was a lack of documentation indicating the injured worker had objective pain relief of at least 50%, a reduction in pain medications and objective functional improvement for 6 to 8 weeks. Given the above, the request is not medically necessary.

Left C6 ESI with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 122.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective pain relief of at least 50%, objective functional improvement and documentation of pain medication reduction for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone epidural steroid injections. There was a lack of documentation indicating the injured worker had objective pain relief of at least 50%, a reduction in pain medications and objective functional improvement for 6 to 8 weeks. Given the above, the request is not medically necessary.

Left C7 ESI with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 122.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective pain relief of at least 50%, objective functional improvement and documentation of pain medication reduction for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone epidural steroid injections. There was a lack of documentation indicating the injured worker had objective pain relief of at least 50%, a reduction in pain medications and objective functional improvement for 6 to 8 weeks. Given the above, the request is not medically necessary.