

<b>Case Number:</b>	CM15-0091333		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 40 year old male, who sustained an industrial injury on August 30, 2013. He reported being hyperextended against a wall while handling a skylight. The injured worker was diagnosed as having thoracic myofascial strain, cervical myofascial strain, cervicgia, left rhomboid strain, cervical facet arthropathy, and thoracic degenerative disc disease. Treatment to date has included thoracic epidural steroid injection (ESI), 17 chiropractic treatments, 4 acupuncture visits, 24 physical therapy session, MRIs, trigger point injections, x-rays, and medication. Currently, the injured worker complains of back pain. The Primary Treating Physician's report dated April 1, 2015, noted the injured worker reported his pain at 6-7/10 on the pain scale, decreased down to 4-5/10 for a few days with physical therapy. The injured worker was noted to have undergone trigger point injections December 8, 2014, with moderate relief of symptoms for one month, and thoracic epidural steroid injections (ESIs) at T4-T5 and T5-T6 in November 2014 which provided temporary relief to the spot where it was given for about five weeks. The injured worker's current medications were listed as Naproxen sodium, Cyclobenzaprine, and over-the-counter (OTC) Ibuprofen. Physical examination was noted to show tenderness to palpation in the left cervical paraspinals C4-C7, T1-T7, left latissimus dorsi with noted multiple twitch responses, and left rhomboids. The treatment plan was noted to include requests for authorization for a repeat ILESI at T5-T6 for diagnostic reasons, possible trigger point injections at the next visit in bilateral thoracic paraspinals and left rhomboid muscle, and medications including Naproxen Sodium and Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injections in bilateral thoracic paraspinals and left thomboid muscle:** 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:** CA MTUS recommends trigger point injections for myofascial pain syndrome only and not for radicular pain. Trigger points are focal areas of tenderness that produce a local twitch in response to stimulus to the area. The IW has previously had trigger point injections with report of symptomatic relief, no documented change in medication reliance for pain or evidence of functional improvement. MTUS guideline criteria include 50% pain relief for 6 weeks and "functional improvement." There has been no evidence of significant improvement in work status, as work status has not been mentioned. Other functions are not adequately measured over time. Dependency on medical care is not diminished. Medical office visits continue without change. Medications are not decreasing. The physician reports do not show that medication intake has decreased significantly. The request does not include the number of trigger point injections being requested. Without supportive documentation of measurable improvements from previous treatments or the requested number of visits, the request for trigger point injections are not medically necessary.

**Naproxen Sodium 550mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 65-66.

**Decision rationale:** According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. The IW has been taking Naparoxyn for greater than 6 months. The documentation does not support improvement of symptoms with NSAIDs currently prescribed. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.

**CM2-Cyclobenzaprine 5% quantity 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." The requested medication is cyclobenzaprine, a muscle relaxant. MTUS guidelines states that topical muscle relaxants are not recommended. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

**Repeat Iliac Lumbar Epidural Steroid Injection at T4-5 and T5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the IW previously had an injection with documented improvement of symptoms. The most recent physical examination documents back pain. With this, the documentation does not support ongoing radicular pain. There are no electrodiagnostic studies included in the chart material. The physical examination does not document any findings of radiculopathy. Without the support for ongoing radiculopathy, the request for epidural steroid injection is not medically necessary. The treating physician has prescribed this referral for possible "lumbar injections." The kind of injection considered has not been described. There are many kinds of injections, many of which lack good medical evidence. The treating physician will need to provide a more specific referral to allow for an adequate demonstration of medical necessity. The guidelines cited above recommend against trigger point injections, ligamentous injections, and facet joint injections, for example. Other kinds of injections are addressed in other guidelines. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. A specific radiculopathy has not been described to date in this injured worker. The pending electrodiagnostic testing may help to define this condition. There is not an adequate basis on which to refer this injured worker for an unspecified injection and the referral is therefore not medically necessary.