

<b>Case Number:</b>	CM15-0092849		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male who sustained an industrial injury on 12/05/2012. Current diagnoses include cervical spine discopathy with right sided radiculitis, lumbar spine discopathy, and myofascial pain syndrome. Previous treatments included medication management, epidural injection, and trigger point injections. Previous diagnostic studies include a MRI of the right hand on 11/25/2014, EMG on 01/20/2014, MRI of the right shoulder on 01/20/2015, and urine toxicology screening. Initial injuries included immediate pain in the head and cervical region after falling. Report dated 04/02/2015 noted that the injured worker presented with complaints that included neck pain with radiation to the right upper extremity with associated numbness and tingling, and stiff neck, and low back pain with stiffness. Pain level varies depending on activities. Physical examination was positive for abnormal findings. The treatment plan included recommendations to undergo a urinalysis, cervical epidural steroid injection x3, lumbar epidural steroid injection x3, trigger point injection x3 to the lumbar paravertebral musculature, sacroiliac joint injection x2, medications prescribed included methocarbamol and gabapentin, request for all medical records, and follow up in 2 weeks. Disputed treatments include cervical epidural injection x3 with trigger point injections under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural injection x3 with trigger point injections under fluoroscopic guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections and Trigger Point Injections Page(s): 46 & 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Criteria for the use of Epidural steroid injections, p46 (2) Trigger point injections, 122.

**Decision rationale:** The claimant sustained a work injury in December 2012 and continues to be treated for radiating neck pain and low back pain. He was seen for an initial evaluation by the requesting provider. He was having neck pain radiating into the right upper extremity with numbness and tingling. Physical examination findings included cervical spine trigger points with twitch response and referred pain. There was decreased cervical spine range of motion. There were radicular symptoms with cervical compression There was decreased right upper extremity sensation. There were lumbar paraspinal muscle trigger points and tenderness over the sacroiliac joints bilaterally. Recommendations included a series of three cervical and three lumbar epidural injections, a series of two sacroiliac joint injections, and a series of three lumbar trigger point injections. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. A 'series-of-3' injections in either the diagnostic or therapeutic phase is not recommended. Therefore the requested series of cervical epidural steroid injections is not medically necessary. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A series of planned trigger point injections would therefore not be considered medically necessary.