

<b>Case Number:</b>	CM15-0093320		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	06/25/2015	<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: California  
 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 42 year old female with an industrial injury dated 1/06/2013. The injured worker's diagnoses include lumbar stenosis, myalgia and myositis, sprain and strain of ribs, cervicogenic headache, cervical spondylosis, lumbar sprain/strain, right shoulder sprain/strain, anxiety and depression. Treatment consisted of cervical and lumbar Magnetic Resonance Imaging (MRI) dated 2/8/2013, prescribed medications, and periodic follow up visits. In a progress note dated 4/15/2015, the injured worker reported neck pain, shoulder pain, rib pain, back pain and hip pain. Objective findings revealed short and guarded gait, spasm in the bilateral buttocks with a twitch and radiation of pain on the left to the lumbosacral junction and on the right to the right greater trochanter. The treating physician prescribed services for right L4-L5 ESI (Epidural Steroid Injection) and bilateral gluteal trigger point injections now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 ESI (Epidural Steroid Injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 47. Decision based on Non-MTUS Citation California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46-47.

**Decision rationale:** The patient presents with neck, shoulder, rib, back and hip pain rated 6/10. The request is for right L4-L5 ESI (epidural steroid injection). The request for authorization is dated 04/20/15. MRI of the lumbar spine, 02/08/13, shows at L4-5 disc desiccation, disc bulge and posterior annular tear with a 3 mm broad-based disc bulge; facet and ligamentum flavum hypertrophy is also present at this level; these findings result in moderate left neural foraminal narrowing and severe right neural foraminal narrowing due to right lateral asymmetry of the disc bulge; no canal stenosis is present. At L5-S1 disc desiccation and 2 mm broad-based disc bulge, as well as facet arthrosis resulting in bilateral neural foraminal narrowing, left greater than right at this level; no canal stenosis is present; there is a right L5 pars interarticularis defect at this level, there is no pars defect on the left. Physical examination reveals spasm was present in the bilateral buttocks, with a twitch and radiation of pain, on the left to the lumbosacral junction and on the right to the right greater trochanter. Patient denies back was painful to palpation in the lumbosacral junction. Faber's, Pelvic Compression and Straight Leg Raising were not positive. The right and left lower extremities showed full range of motion. Patient denies diminution of light touch and pinprick in the upper and lower extremities bilaterally. She states she got 6 sessions of physical therapy under the clinic's care. Patient's medications include Norco, Soma, Ibuprofen, Tylenol and Ativan. Per progress report dated 05/13/15, the patient is on modified work. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 04/15/15, the treater's reason for the request is "With her findings on exam and MRI, she is a candidate for a right L4-5 ESI." MRI of the lumbar spine, 02/08/13, shows at L4-5 disc desiccation, disc bulge and posterior annular tear with a 3 mm broad-based disc bulge. Facet and ligamentum flavum hypertrophy is also present at this level. These findings result in moderate left neural foraminal narrowing and severe right neural foraminal narrowing due to right lateral asymmetry of the disc bulge. No canal stenosis is present. However, physical examination reveals Faber's, Pelvic Compression and Straight Leg Raising was not positive. The right and left lower extremities showed full range of motion. Patient denies diminution of light touch and pinprick in the upper and lower extremities bilaterally. Patient denies back was painful to palpation in the lumbosacral junction. In this case, radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, the request is not medically necessary.

**Bilateral gluteal trigger point injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 47. Decision based on Non-MTUS Citation California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)).

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

**Decision rationale:** The patient presents with neck, shoulder, rib, back and hip pain rated 6/10. The request is for bilateral gluteal trigger point injection. The request for authorization is dated 04/20/15. MRI of the lumbar spine, 02/08/13, shows at L4-5 disc desiccation, disc bulge and posterior annular tear with a 3 mm broad-based disc bulge; facet and ligamentum flavum hypertrophy is also present at this level; these findings result in moderate left neural foraminal narrowing and severe right neural foraminal narrowing due to right lateral asymmetry of the disc bulge; no canal stenosis is present. At L5-S1 disc desiccation and 2 mm broad-based disc bulge, as well as facet arthrosis resulting in bilateral neural foraminal narrowing, left greater than right at this level; no canal stenosis is present; there is a right L5 pars interarticularis defect at this level, there is no pars defect on the left. Physical examination reveals spasm was present in the bilateral buttocks, with a twitch and radiation of pain, on the left to the lumbosacral junction and on the right to the right greater trochanter. Patient denies back was painful to palpation in the lumbosacral junction. Faber's, Pelvic Compression and Straight Leg Raising was not positive. The right and left lower extremities showed full range of motion. Patient denies diminution of light touch and pinprick in the upper and lower extremities bilaterally. She states she got 6 sessions of physical therapy under the clinic's care. Patient's medications include Norco, Soma, Ibuprofen, Tylenol and Ativan. Per progress report dated 05/13/15, the patient is on modified work. The MTUS Guidelines page 122 under its Chronic Pain Section states that trigger-point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points defined as "evidence upon palpation of a twitch response as well as referred pain"; symptoms persisting more than 3 months; failure of medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. Per progress report dated 04/15/15, treater's reason for the request is "She does have bilateral gluteal trigger points with a band, twitch and referred pain." In this case, the treater documents circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Per progress report dated 04/15/15, physical examination reveals "spasm was present in the bilateral buttocks, with a twitch." The patient is working and other conservative treatments are also being recommended. The review of the reports does not show prior trigger point injections. Although the request does not specify how many different spots, exam shows localized area of trigger point. The request appears reasonable and consistent with MTUS. Therefore, the request is medically necessary.