

Case Number:	CM15-0093591		
Date Assigned:	05/19/2015	Date of Injury:	06/11/2013
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	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, 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 47 year old female who sustained a work related injury June 11, 2013. While working as a home health aide, she lifted a patient and developed back pain. Past history included low blood pressure, angina, irregular heart beat (not specified), heart surgery x 2 1993, 2001, lower back surgery April 2014 and smokes a pack/day. According to a chronic pain physician's evaluation, dated March 27, 2015, the injured worker presented with complaints of low back and neck pain. The pain is described as constant, burning, tingling, throbbing aching dull and sharp and rated 9/10. She reports a loss of control of bowel and bladder function-the physical examination of the gastrointestinal and genitourinary systems does not specify this loss of control. Assessment documents the injured worker uses a walker. Diagnoses are thoracic sprain and strain; displacement lumbar intervertebral disc without myelopathy; neck sprain and strain. Treatment plan included a request for cervical thoracic trigger point injections and cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical epidural injection x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Epidural Steroid injection Page(s): 46-47.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, a progress note on 3/27/2015 documented positive Spluring's maneuver on physical examination suggesting radiculopathy. However, there is no MRI or EMG nerve conduction study to support the diagnosis of radiculopathy. Lastly, the request for cervical epidural steroid injection does not specify what level of C spine the injections are to be performed. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.

Cervical thoracic trigger point injections x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injections are not medically necessary.