

<b>Case Number:</b>	CM15-0097326		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	10/07/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 38-year-old male, who sustained an industrial injury on 10/7/14. He reported a neck and back injury. The injured worker was diagnosed as having cervicalgia and spinal stenosis in cervical region. Treatment to date has included oral medications including Gabapentin and chiropractic treatment. (MRI) magnetic resonance imaging of cervical spine was unremarkable. Currently, the injured worker complains of pain in cervical and thoracic spine. He has noted mild improvement with chiropractic treatment and some benefit from Gabapentin. Physical exam noted tenderness in right cervicothoracic spine region/upper trapezius musculature with a trigger point. The treatment plan included oral medications; topical medications trigger point injections and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided corticosteroid injection for the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point corticosteroid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Corticosteroid injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, ultrasound guided corticosteroid injection thoracic spine is not medically necessary. Corticosteroids are recommended in limited circumstances for acute radicular pain. They are not recommended for acute non-radicular pain or chronic pain. The criteria for use of corticosteroids (for low back pain) include clear cut signs and symptoms of radiculopathy; risks of steroids should be discussed and documented in the record; evidence that research provide limited evidence of effect should be documented in the medical record and current research indicates early treatment is most successful, treatment and the chronic phase should generally be after a symptom-free period with subsequent exacerbation or evidence of a new injury. In this case, the injured worker's working diagnoses are cervicalgia; and spinal stenosis in the cervical region. According to a progress note dated March 9, 2015, the injured worker has complaints of neck and back pain. Objectively, there are frank trigger points are present. The documentation indicates trigger point injections are indicated. The request for authorization states ultrasound guided corticosteroid injections to the thoracic spine and trigger point injections are both clinically indicated. There is no documentation with a clinical indication or rationale for an ultrasound guided corticosteroid injection to the thoracic spine. Additionally, the documentation does not meet the guidelines recommendations for corticosteroids. There are no clear-cut signs and symptoms of radiculopathy. The risks of steroids are not discussed and documented in the medical record and there is no documentation as to the limited evidence of effect (of corticosteroids) documented in the medical record. Additionally, corticosteroid injections are not recommended for chronic pain or non-radicular pain. Consequently, absent clinical documentation of acute radicular pain, clear cut signs of radiculopathy, documentation as to the risks of steroids and the symptom-free period with the subsequent exacerbation, ultrasound guided corticosteroid injection thoracic spine is not medically necessary.