

Independent Medical Review Final Determination Letter

1088

Dated: 12/20/2013

IMR Case Number:	CM13-0018484	Date of Injury:	07/26/1988
Claims Number:	[REDACTED]	UR Denial Date:	07/24/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
LUMBAR EPIDURAL STEROID INJECTION/ NOT CERTIFIED BY PHYSICIAN ADVISOR TRIGGER POINT INJECTION/ NOT CERTIFIED BY PHYSICIAN ADVISOR			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 07/26/1998. The mechanism of injury is a slip and fall. Reference diagnoses include cervical and lumbar degenerative disc disease.

Initial physician review recommended non-certification of an epidural injection, noting that this was a repeat injection and that the records do not document pain improvement, functional improvement, or medication reduction consistent with California guidelines. The physician review also noted that the documentation did not provide clear documentation of objective findings of radiculopathy. This peer review also recommended non-certification of trigger point injection given that there was not documentation of circumscribed twitch response.

IMR DECISION(S) AND RATIONALE(S)

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

1. Lumbar epidural steroid injection (ESI) is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESIs), which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, page 46, state, "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 6-8 weeks.... Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The medical records in this case do not meet either of these guidelines. It is not clear that this patient has radiculopathy supporting initial epidural steroid injections or radiculopathy with functional benefit supporting repeat injections. **The request for lumbar epidural steroid injection (ESI) is not medically necessary and appropriate.**

2. Trigger point injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Trigger point injections, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 122, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, page 122, has specific criteria for trigger point injections, noting there should be, "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." This patient appears to have localized myofascial pain but not clearly trigger points as defined in the treatment guidelines. **The request for trigger point injection is not medically necessary and appropriate.**

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]
[REDACTED]
[REDACTED]