

Case Number:	CM13-0025609		
Date Assigned:	11/20/2013	Date of Injury:	09/25/2006
Decision Date:	01/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family and is licensed to practice in Texas 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. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old male who reported a work-related injury on 09/25/2006. The mechanism of injury was not specifically stated. The patient subsequently is status post a 3-compartment major synovectomy and chondromalacia of the patella as well as chondroplasty of the medial femoral condyle of the right knee as of 01/30/2013. In addition, the patient presents with complaints of lumbar spine pain. MRI of the lumbar spine dated 11/18/2011 revealed: (1) congenital stenosis of the thecal sac; (2) L4-5, a 1 mm to 2 mm posterior disc bulge without evidence of neural foraminal narrowing; and (3) L5-S1, a 1 mm to 2 mm posterior disc bulge without evidence of neural foraminal narrowing. The clinical note dated 08/13/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient wants to continue with the current medication regimen of Dendracin topical analgesic, ibuprofen, naproxen, cyclobenzaprine, methocarbamol, and gabapentin. The provider recommended LESI times 3 as well as trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

. LS ESI Injections x 3 under fluoroscopic guidance L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes document the patient has undergone multiple epidural steroid injections to the lumbar spine with an operative report dated 08/07/2012 noting the patient received a second ESI on 07/10/2012 and had 40% pain reduction to the low back, was re-evaluated on 07/31/2012, and underwent a repeat injection on 08/07/2012. The California MTUS indicates, "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 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase." In addition, the California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." There was a lack of a thorough physical exam of the patient recently submitted for review. In addition, imaging of the patient's lumbar spine does not evidence any nerve root involvement. Given all the above, the request for LS ESI Injections x 3 under fluoroscopic guidance L5-S1 is neither medically necessary nor appropriate.

Lumbar Spine Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes document the patient has undergone multiple injections to the lumbar spine without resolve of his symptomatology or any duration of symptomatology relief. The California MTUS indicates specific criteria prior to the requested intervention, to include, "no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." Given the lack of a recent thorough physical exam of the patient, as well as documentation of the patient's reports of efficacy with prior injection, the request for Lumbar Spine Trigger Point Injection is neither medically necessary nor appropriate.