

Case Number:	CM14-0013664		
Date Assigned:	02/26/2014	Date of Injury:	01/16/2012
Decision Date:	09/12/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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. The expert reviewer is Board Certified in: Family Medicine 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 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/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:

This is a 44-year-old male patient who reported an industrial injury to the lower back on 1/6/2012, over 2 years ago, attributed to the performance of his customary job tasks. The patient was treated for ongoing lower back pain. The patient received modified work, medications, and three (3) prior ESI injections. The objective findings on examination included TTP, positive right SLR, motor intact, sensation intact with no dermatomal deficits. The patient was reported to have six trigger point injections in the lumbar paraspinals. The diagnosis was lumbar spine sprain/strain. The MRI of the lumbar spine documented evidence of L5-S1 disc protrusion; minimal spondylolisthesis resulting in impingement on the traversing nerve roots bilaterally; L4-5: 3 mm disc protrusion with mild bilateral foraminal narrowing and possible impingement on the exiting nerve roots bilaterally. The patient was treated with a right L5 LESI and with six (6) trigger point injections to the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST LESI RIGHT L5 (1/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 179-180, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter -lumbar spine ESI.

Decision rationale: The criteria recommended by the CA MTUS for the provision of lumbar ESIs were not documented for this patient who is noted to have had 3 prior lumbar spine ESIs. The patient does meet the CA MTUS criteria for a lumbar ESI under fluoroscopic guidance to the right L5 nerve root. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a right L5 nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or electrodiagnostic studies as acute. The patient has received 3 prior ESIs and has exceeded the number of ESIs recommended by the CA MTUS. There is no impending surgical intervention. The patient is being treated for chronic low back pain with radiation to the lower extremities. The performed right L5 ESI is not demonstrated to be medically necessary after the prior authorization of three earlier ESIs. Evidence based guidelines recommend the provision of one ESI with a subsequent evaluation for functional improvement prior to authorization of a second lumbar spine ESI. There is no documented rehabilitation effort. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended "if the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than 4 blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. The patient is noted to use Norco only occasionally and has not been demonstrated to have any sustained functional improvement based on the first L5-S1 ESI. The patient is being treated for a subjective radiculitis with reported chronic low back without MRI or EMG/NCV evidence of a nerve impingement radiculopathy. There is no demonstrated medical necessity for lumbar spine L4-S1 ESI x2 for the reported chronic pain issues therefore this request is not medically necessary.

RETRO REQUEST 6 TRIGGER POINT INJECTIONS OF BILATERAL LS (1/6/14):

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 185, Chronic Pain Treatment Guidelines trigger point injections Page(s): 122-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-trigger point injections.

Decision rationale: The objective findings documented did not meet the criteria recommended by the CA MTUS and the ACOEM Guidelines for the use of TPIs for chronic back pain. There is no demonstrated medical necessity for prn trigger point injections to the objective findings that included spasm and TTP documented on examination. The medical records submitted for review fail to document any red flags or significant functional objective deficits that would preclude the patient from being able to participate in an independent home exercise program. The patient should be placed on active participation in an independently applied home exercise program consisting of stretching, strengthening, and range of motion exercises. The use of trigger point injections are recommended for the treatment of chronic back pain in certain conditions when trigger points are identified with a myofascial pain syndrome as a secondary or tertiary treatment in conjunction with an active defined program for rehabilitation when the patient is demonstrated not to be improving with conservative treatment. The CA MTUS and the Official Disability Guidelines state that "Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a Corticosteroid is not generally recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. The CA MTUS and the Official Disability Guidelines recommend the use of trigger point injections for "chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be reexamined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment." The CA MTUS and the Official Disability Guidelines do not recommend the use of trigger point injections in the absence of myofascial pain syndromes, without documentation of circumscribed trigger points, or without an ongoing active rehabilitation program. There is no provided documentation consistent with myofascial pain or documented trigger points with muscle fasciculation's in the clinical narrative. The patient's documented diagnoses do not include myofascial pain syndrome, there are no defined specific trigger points, and other conservative treatment has not been

attempted. There was no demonstrated medical necessity for the six (6) administered trigger point injections therefore this request is not medically necessary.