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| Case Number: | CM14-0016635 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 12/24/2012 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 02/03/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 66 year old male with an injury date of 12/24/12. Based on the 01/24/14 progress report, the patient's diagnoses include lumbar discogenic pain, thoracic/lumbar radiculopathy, and lumbar spondylosis with myelopathy. The 11/26/13 MRI of the lumbar spine reveals that at L4-L5 there is decreased disk height with disk desiccation. A 3 mm broad based left-sided disk protrusion is noted, which flattens the ventral aspect of the thecal sac but does not compress the emerging left L5 nerve root. The L5-S1 level revealed decreased disk height with disk desiccation. No disk bulges or protrusions are identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4, L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: According to the 01/24/14 progress report by [REDACTED], the patient presents with pain in the neck bilaterally and pain in lower back bilaterally radiating down to his

left thigh. Exact symptom locations of the lower extremities were not described. The request is for a bilateral L4, L5 transforaminal epidural steroid injection. In reference to epidural steroid injections, MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this patient, there is no clear description of radicular pain that is in any specific dermatomal distribution. MRI from 11/26/13 only showed a 3mm disc protrusion at L4-5 without nerve root involvement and examination does not show a clear evidence of radiculopathy. The request for L4 and L5 bilateral transforaminal injections are not supported given the lack of radiculopathies at L4 and L5 levels. Therefore, the requested services are not medically necessary or appropriate at this time.

LEFT LUMBAR PARASPINAL TRIGGER POINT INJECTION: Upheld

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

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

Decision rationale: The patient presents with low back pain. According to the 1/24/13 pain management report from [REDACTED], the lumbar exam shows decreased motion, tenderness at the sacroiliac joints, straight leg raise and FABERE positive. There is no mention of trigger points. MTUS states all the criteria for trigger point injections must be met for a trigger point injection to be found medically necessary. The first criterion is: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The records submitted for review do not show trigger points on palpation. The request for trigger point injections in a patient without documentation of trigger points is not in accordance with MTUS guidelines. Therefore, the requested services are not medically necessary or appropriate at this time.