

<b>Case Number:</b>	CM14-0131393		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/11/2001
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is 52-year-old male who reported injury on 09/11/2001 cause by an unspecified mechanism. The workers treatment history included urine drug screen, medications, trigger point injections, epidural steroid injections, facet joint injection, hardware block at bilateral L4, L5, and S1, CT discogram, and physical therapy. Within the documentation submitted the injured worker had been receiving trigger point injections consistently that was giving him good benefit for a couple of weeks. On 01/20/2014 it was documented the injured worker received authorization for a trial of spinal cord stimulator, however, the injured worker has been doing well, since his last epidural injection on 09/18/2013. It was noted injured worker wanted to hold off on the spinal cord stimulator for now. The injured worker had a urine drug screen 03/19/2014 that was positive for opioid usage. The injured worker was evaluated on 07/18/2014 and was documented that the injured worker has been experiencing increased pain in his lower back which radiated along the interior lateral thigh, bilaterally, right greater than left. The provider noted they were waiting on authorization to receive the lumbar epidural steroid injection. It was noted the injured worker did undergo a very successful lumbar epidural injection on 02/13/2014, but unfortunately, his pain has returned. He rated his pain at 7/10 on the pain scale. He consistently received 3 to 4 months of benefit following the epidural injections. In the meantime, he is requesting trigger point injections since that provided a good week of temporary relief enabling him to sleep better at night. The injured worker remained on his current oral analgesic medications which included Norco 10/325 mg, which he takes up to 6 tablets per day. The provider noted he has been compliant with the current dose and he was hoping to undergo the lumbar epidural steroid injection soon, since he does not want to increase his Norco. Physical examination of the lumbar spine revealed posterior lumbar musculature tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger

points which were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had increased range of motion with obvious muscle guarding. Lumbar spine range of motion left/right lateral bend was 20 degrees, flexion was 45 degrees, and extension was 15 degrees. Sensory examination to Wartenberg pinprick wheel was decreased along the posterior lateral thigh, posterior lateral calf bilaterally, and dorsum of the right foot. The straight leg raise in the modified sitting is positive/negative at 65 degrees bilaterally. Diagnoses included S/P anterior posterior instrumentation and fusion at L4-L5 and L5-S1, 07/07/2003; status post posterior lumbar interbody fusion, L3-L4, with removal of posterior hardware, L4-L5 and L5-S1, 01/26/2010; subsequent removal of retained metal L3-L4, 10/2011; bilateral lower extremity radiculopathy; and medication induced gastritis. Request for Authorization dated 07/18/2014 was for epidural steroid injection bilateral at L2-L3, Norco 10/325 mg, and 4 trigger point injections. The rationale for the epidural steroid injection was to hold off on the spinal cord stimulation trial, and the injured worker preferred the intermittent epidural injections for pain relief. The rationale for current oral analgesic Norco 10/325 mg was for pain relief for the injured worker. The rationale for the trigger point injections - the provider noted he gave the injured worker temporary relief for 1 week enabling him to sleep better at night.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Therapeutic Fluoroscopically guided transforaminal epidural steroid injection bilateral L2-L3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections (ESIs).

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

**Decision rationale:** The requested service is not medically necessary. The California Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criterion for ESIs. There was lack of documentation of home exercise regimen, and pain medication management or the outcome measurements for the injured worker. Additionally, the provider indicated the injured worker receiving epidural steroid injection since 09/18/2013. However, the injured worker was authorized for a trial spinal cord stimulator that he keeps delaying stated that he is receiving relief from epidural steroid injections. The provider failed to indicate injured worker long-term goals of treatment. Given the above, the request for therapeutic fluoroscopically guided transforaminal epidural steroid injection bilateral L2-L3 is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco: Hydrocodone/Acetaminophen, Opioids, criteria for use: On-Going Management, Long-term users of Opioids, When to discontinue Opioids, When to continue Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10 /325 mg # 180 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, the request for Norco 10/325mg #180 is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.

**4 trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Therapy: Criteria for the use of Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections & Criteria for the use of Trigger point Injections Page(s): 122.

**Decision rationale:** The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of corticosteroid is not generally recommended. Not 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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain) for fibromyalgia syndrome, trigger point injections have not been proven effective. The guidelines also states trigger point injections may be used with a local anesthetic may be recommended for the treatment of 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 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. The injured worker diagnoses included shoulder pain. The provider indicated. Moreover, on 07/18/2014 the provider indicated the trigger point injections only provides a good week of temporary relief. Additionally, the provider indicated the injured worker receiving epidural steroid injection since 09/18/2013. However, the injured worker was authorized for a trial spinal cord stimulator that he keeps delaying stated that he is receiving relief from epidural steroid injections. The request failed to indicate location where the trigger point injections are required for the injured worker. As such, the request for 4 trigger point injections is not medically necessary.