

Case Number:	CM14-0173646		
Date Assigned:	10/24/2014	Date of Injury:	01/14/2014
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational 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:

The patient is a 42 year old who was injured while performing CPR on a patient at work on 1/4/14. An MRI on 4/16/14 indicates mass effect at L3-4 and L4-5 with spinal stenosis. Evaluation by neurosurgery on 4/17/14 indicates that the patient has had 50% improvement with physical therapy and has yet to have any injections. On examination neurological exam is normal, straight leg raise is negative and range of motion is normal. The recommendation is to refer to pain management for consultation for injection options. Evaluation on 7/28/14 by pain management states that patient has 4/10 pain with medications and 8/10 back pain without. Physical exam notes left PSIS and GTB tenderness, and posterior lumbar tenderness. Neurological exam is normal with no radicular symptoms. Impression is that of neck pain, spinal stenosis, arthropathy of lumbar facet joint and chronic pain. Plan is to recommend lumbar steroid injection at L5-S1 and trigger point injection of the PSIS and GTB. An evaluation on 9/28/14 by pain management, the patient reports lumbar pain with radicular symptoms. On the physical exam it is noted that lumbar extension does not increase pain. The provider recommends lumbar injection at left L5-S1 for spinal stenosis, and left iliac spine injection and greater trochanteric bursa injection. Neurosurgical follow up on 9/29/14 the patient reports neck pain ranging from 2-7/10 with no numbness or tingling or weakness. She reports 8/10 pain in her lower back without medications and 4/10 with medications. On physical exam she has normal neurological exam and near full range of motion. Assessment is disc injury to L3-4, L4-5, disc protrusion at C3-4, C4-5 and C6-7. Treatment plan is to refill Norco 10/325mg three times daily as needed, Restoril 15mg nightly and Flexeril 10mg nightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar interlaminar injection, ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The patient does not have reports of radicular pain nor are there any findings suggesting neurological involvement on physical exam such as positive straight leg raise or decreased strength. According to Chronic Pain Medical Treatment Guidelines epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". Consequently lumbar L5-S1 epidural injection is considered not medically necessary.

Left PSIS injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac Blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Criteria for use of sacroiliac block

Decision rationale: The UR decision is based on cited guidelines for a SI joint injection, stating that the criteria indicate IS injection appropriate only if physical exam findings and history suggest the diagnosis with documentation of at least 3 positive exam findings. The provider has requested for a posterior superior iliac spine injection which is less invasive and consequently the guidelines for IS injection are not applicable. According to MTUS guidelines trigger point injection are recommended for myofascial pain when symptoms have persisted for more than 3 months, there is pain upon palpation at the site, and conservative therapies such as stretching, physical therapy and NSAIDs have failed to control the pain. The provider's notes indicate that there is tenderness to palpation at the site of the PSIS, conservative therapies have failed and pain persists for greater than 3 months. Consequently a trial of trigger point injection at the PSIS site is considered medically necessary.