

<b>Case Number:</b>	CM14-0021274		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	08/30/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old female patient with an 8/30/08 date of injury. The mechanism of injury was not provided. A 2/19/14 progress report subjective findings indicated that the patient complained of lower back pain radiating across the back with spasms into the lower extremities, with numbness and tingling. The patient stated that medication, acupuncture therapy, and ESIs alleviated her pain. A 3/18/14 progress report indicated that the patient complained of dull, aching and sharp pain into the lumbar spine, that had increased compared to 1/21/14 from 2-6/10 to 1-8/10 and radiated to the right leg. Driving and walking was limited to 20 to 30 minutes. Her daily activities were also limited. Objective findings revealed tenderness to palpation over lumbar paraspinals. Range of motion in the lumbar spine is decreased with flexion 20 degrees and extension 20 degrees compared to 1/21/14 normal physical exam results. There was diminished sensation over L5 pattern. She was diagnosed with lumbar ligament muscle sprain with radiculopathy on the right. Treatment to date is medication management, lumbar epidural injection and trigger point injection. There is documentation of a previous 2/10/14 adverse determination, because there was no documentation of about previous trigger point injection extent improvement or functional gains following prior epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, right L4-5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guidelines (Radiculopathy).

**Decision rationale:** California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However there was no imaging documentation available. It was not clear when her previous ESI was done and what was her respond following the injection. In addition, there was no documentation of failure of medication management. Therefore, the request for lumbar epidural steroid injection, right L4-5 was no medically necessary.

**Trigger point injections to lumbar trigger points:** Upheld

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

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

**Decision rationale:** California MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. The patient had trigger point injections on 1/21/14. However, guidelines do not recommend repeat injection unless 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In addition, there was no documentation of functional gains or significant pain relief following to prior trigger point injections. Therefore, the request for trigger point injections to lumbar triggers points was not medically necessary.