

<b>Case Number:</b>	CM14-0039726		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Medicine and is licensed to practice in Texas. 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 a 46-year-old female whose date of injury is 06/17/2009. The mechanism of injury is described as preparing boxes for shipment. Lumbar magnetic resonance image dated 01/30/14 revealed at L5-S1 there is a 1 mm central disc protrusion. No thecal sac or nerve root compression is identified. Follow up report dated 06/04/14 indicates that the injured worker underwent a lumbar epidural steroid injection on 03/06/14. The injured worker underwent trigger point injections in May that provided two weeks of pain relief. The injured worker last underwent physical therapy in 2013. On physical examination, motor examination is 5/5 throughout. Sensation is intact. Straight leg raising is negative to 45 degrees bilaterally. Faber is negative bilaterally. Diagnoses are lumbar sprain and strain, and hyper-reflexive exam with positive clonus. It is noted that the injured worker remains permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Selective Nerve Block x 3 at Right L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI (Epidural Steroid Injections). Decision based on Non-MTUS Citation AMA Guides and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Based on the clinical information provided, the request for selective nerve block times three at right L5 is not recommended as medically necessary. California Medical Treatment Utilization Schedule (CA MTUS) guidelines do not support a series of three injections as subsequent injections are based upon injured worker's response to earlier injections. There is no documentation of significant neurocompressive pathology at the requested level on magnetic resonance image of the lumbar spine dated January 2014. Therefore, the request is not in accordance with CA MTUS guidelines, and medical necessity is not established. Therefore, the request is not medically necessary.

**Facet Block injection x 3 at Bilateral L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** Based on the clinical information provided, the requests for facet block injection times three at the bilateral L5-S1 is not recommended as medically necessary. The submitted records fail to establish the presence of facet-mediated pain. The request is excessive, as the Official Disability Guidelines do not support a series of three facet blocks. The submitted records indicate that the injured worker has not undergone a course of physical therapy for the low back since September 2013. Therefore, the request is not medically necessary.

**Trigger Point Injection x 3 L/S:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of TPI's (Trigger point injections) Pain Chapter.

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

**Decision rationale:** Based on the clinical information provided, the request for trigger point injections times three is not recommended as medically necessary. The submitted records fail to provide documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain as required by California Medical Treatment Utilization Schedule (CA MTUS) guidelines. Previous trigger point injections are noted to have provided only two weeks of pain relief. CA MTUS guidelines state 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. Therefore, the request is not medically necessary.

**Epidural Steroid Injection x 3 L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Criteria for the Use of Epidural Steroid Injections, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Based on the clinical information provided, the request for epidural steroid injection times three L5-S1 is not recommended as medically necessary. California Medical Treatment Utilization Schedule guidelines do not support a series of three epidural steroid injections. The injured worker underwent prior epidural steroid injection; however, the submitted records fail to document at least 50% pain relief for at least 6 weeks as required by California Medical Treatment Utilization Schedule guidelines prior to repeat epidural steroid injection. The injured worker's lumbar magnetic resonance image fails to document any significant neurocompressive pathology at the requested level. Therefore, the request is not medically necessary.