

Case Number:	CM15-0164623		
Date Assigned:	09/02/2015	Date of Injury:	01/12/2006
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 01-12-2006 secondary to being pinned between 2 pallets lift gates and an ongoing history of picking up boxes. On provider visit dated 07-21-2015 the injured worker has reported chronic low back and left lower extremity pain. On examination the injured worker was noted to have palpable taut bands in the area of pain, soft tissue dysfunction and spasm in the lumbar paraspinal region was noted. Range of motion produces pain. The diagnoses have included post laminectomy syndrome of lumbar region, lumbago and chronic pain syndrome. Treatment to date has included medication, surgical intervention and injections. The provider requested left L5 selective nerve root block was helpful in the past and 2 lumbar trigger point injections to help reduce pain and keep him functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant sustained a work injury in January 2006 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. Treatments have included epidural injections and, when seen, there were no complaints recorded. The last injection had provided 80% pain relief lasting for six months. Physical examination findings included lumbar paraspinal soft tissue dysfunction with spasms and taut muscle bands. Spinal extension and lateral rotation produced concordant pain. A left L5 selective nerve root block and trigger point injections were requested. In this case, it is unclear what is being requested. A selective nerve root block is a diagnostic test and would not be repeated as a therapeutic procedure. What is likely being requested is a transforaminal epidural steroid injection. Epidural steroid injections are recommended as an option for the treatment of radicular pain. In this case, there are no radicular complaints or physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. Neither a diagnostic or therapeutic injection is medically necessary.

2 lumbar trigger point injections: Upheld

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

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

Decision rationale: The claimant sustained a work injury in January 2006 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. Treatments have included epidural injections and, when seen, there were no complaints recorded. The last injection had provided 80% pain relief lasting for six months. Physical examination findings included lumbar paraspinal soft tissue dysfunction with spasms and taut muscle bands. Spinal extension and lateral rotation produced concordant pain. A left L5 selective nerve root block and trigger point injections were requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented and a lumbar epidural steroid injection is also being requested. A trigger point injection is not medically necessary. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A series of planned trigger point injections would therefore also not be considered medically necessary.