

<b>Case Number:</b>	CM15-0167675		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 51 year old male sustained an industrial injury on 10-23-14. He subsequently reported low back pain. Diagnoses include lumbar strain and sprain. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of left shoulder and low back pain. Upon examination of the lumbar spine, range of motion is reduced. Positive straight leg raise is noted on the right. Left shoulder examination reveals reduced range of motion. A request for L5-S1 epidural steroid injection under fluoroscopy x 3 and Trigger point injection under fluoroscopy x 3 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 epidural steroid injection under fluoroscopy x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is appropriate documentation of prior conservative therapy attempts. Patient has failed conservative treatment. Meets criteria. 3) Prior ESI: There is documentation that patient had prior ESI of lower back. Patient has noted no improvement. Fails criteria. 4) Series of 3 injections is not automatically approved or necessary as per guidelines. Any additional injections after the 1st requires objective documentation of benefit. UR approved a single ESI for unknown reason. Patient does not meet indication for ESI. ESI of L5-S1 is not medically necessary.

**Trigger point injection under fluoroscopy x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain syndrome. 1) Documentation of trigger points: Fails criteria. 2) Symptoms lasting more than 3months: Meets criteria. 3) Conservative medical management has failed to control pain: Meets criteria. 4) No radiculopathy present: Fails criteria. Patient has obvious radicular symptoms. Request for ESI and radicular symptoms automatically invalidate trigger point injections. TPI is not medically necessary.