

<b>Case Number:</b>	CM15-0031619		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Physical Medicine & Rehabilitation

### 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 25 year old male, who sustained an industrial injury on 8/03/2013. The diagnoses have included acute lumbar sprain/strain, left sided lumbosacral radiculitis and multiple disc disease. Treatment to date has included lumbar steroid injection (6/24/2014). Currently, the IW complains of persistent pain in the lower back. The pain is no longer radiating down the left leg. The pain is rated as 6/10. Objective findings included tenderness over the midline and paraspinal musculature of the lumbar spine. There is hyper tonicity to the paraspinals with decreased range of motion secondary to pain in all planes. Straight leg raise is positive in both lower extremities in a sitting position at 50 degrees to posterior thigh. The provider noted that the magnetic resonance imaging (MRI) dated 7/23/2014 showed protrusion at L5/S1 with compression of the S1 nerve root. The official report does not include the L5/S1 level. On 2/10/2015, Utilization Review non-certified a request for lumbar epidurals L5-S1, and trigger point injection noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested services. The MTUS was cited. On 2/19/2015, the injured worker submitted an application for IMR for review of lumbar epidurals L5-S1, and trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar epidurals L5-S1: Overturned**

**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 ESI Page(s): 46-47.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for LUMBAR EPIDURALS L5-S1 but the requesting progress report is not included in the provided documentation. A L-spine MRI on 7/23/13 showed "a suggestion of annular fissure in posterior aspect of the disc at L3-4 level. In addition, there was a broad based asymmetric posterior disc protrusion on the left side which measures 3.5mm and is causing pressure over anterior aspect of the thecal sac. Disc desiccation at the L4-5 level with suggestion of an annular fissure and 3mm broad-based posterior disc protrusion making contact with the anterior aspect of the thecal sac. Mild degrees of central stenosis at L5-S1 level secondary to a broad-based asymmetric posterior disc protrusion/extrusion which at its maximum on left side measures about 7mm and causing pressure over left S1 nerve root." The patient had 2 prior epidural steroid injections. The first epidural steroid injection on 6/24/14 at L5-S1 gave 100% reduction in the radicular component of his pain and 50% reduction in the lower back component of his pain per 7/10/14 report. 6 weeks after that injection, his radiating left leg pain was resolved, and his lower back pain had improved since his last visit per 7/29/14 report. The second epidural steroid injection on 9/16/14 at L5-S1, gave "only slight relief" per 10/7/14 report. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient is currently not working. In this case, the patient has chronic lower back pain, with radicular left leg pain that has resolved from a 6/24/14 epidural steroid injection. A lumbar MRI showed a focal disc protrusion left sided at L5-S1 compressing the traversing S1 nerve root. It appears that the patient had two recent ESI's with the first one providing good reduction of pain lasting couple of months. However, the second injection from 9/16/14 only provide "slight relief." For repeat injections, MTUS require 50% reduction of pain lasting 6-8 weeks with functional improvement and medication reduction. Given the patient's poor response to the second injection, a repeat injection may not be indicated. However, the MRI does show a large disc herniation with clear radiculopathy. Given the patient's great response to the first injection, one more injection may be reasonable. The request IS medically necessary.

**Trigger point injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-197, Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for TRIGGER POINT INJECTION but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. MTUS also requires "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." For fibromyalgia syndrome, trigger point injections have not been proven effective. The patient is currently not working. While this patient presents with back pain, there is no diagnosis of myofascial pain with specific, circumscribed trigger points as required by MTUS. The physical examination also does not show trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. The patient appears to suffer from radicular symptoms given the patient's history of ESI. Trigger point injections are not indicated for patients with radiculopathy. The request IS NOT medically necessary.