

Case Number:	CM13-0024479		
Date Assigned:	11/20/2013	Date of Injury:	08/13/1993
Decision Date:	01/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois and 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 physician 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 patient is a 60 year old male who reported an injury on 8/13/93. The mechanism of injury was not provided. He was diagnosed with lumbosacral strain and herniated disc at L3-4 that was treated initially. The patient appears to have been deemed permanent and stationary as of 1994. He now suffers from chronic low back pain and was working full duty until a recent exacerbation of symptoms in May 2013. For this recent flare up, the patient received physical therapy of unknown duration and efficacy, medication management, and an epidural steroid injection with little to no benefit. The most recent note dated 8/22/13 reported that the patient had a decrease in lumbar range of motion to include flexion of 30 degrees and extension of 5 degrees, with pain at the L4-5 facet joint. He is currently seeking non-invasive treatment and pain management to avoid an open spinal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

trigger point injections: 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): 309.

Decision rationale: The California MTUS indicates that trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome; radiculopathy must not be present. The clinical information submitted revealed objective findings of radiculopathy. The California MTUS guidelines also state that no more than 3-4 injections are recommended to be performed per session. The request as submitted did not provide the number of injections being requested. As such, the request for trigger point injections is non-certified.

epidurogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

Decision rationale: The California MTUS recommends that epidural steroid injections should be performed using fluoroscopy (live x-ray) for guidance. It does not indicate that epidural steroid injections require epidurogram. The clinical information indicates there was consideration of an epidural steroid injection scheduled for 10/1/13. The epidural injection was administered on 11/6/13, with little benefit. As a subsequent epidural steroid injection would not be supported and as CA MTUS does not indicate the necessity of epidurogram with an epidural steroid injection, the request for epidurogram is non-certified.