

Case Number:	CM14-0166396		
Date Assigned:	10/13/2014	Date of Injury:	09/30/2011
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 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:

According to the records made available for review, this is a 60-year-old male with a 9/30/11 date of injury. At the time (9/23/14) of request for authorization for Left L4-S1 transforaminal epidural Injection, Trigger point injections, and MRI pelvis without contrast, there is documentation of subjective (low back spasms and bilateral hip pain) and objective (tenderness over left L5-S1 levels, restricted lumbar spine range of motion, and dysesthesia of lateral foot) findings, imaging findings (reported MRI of pelvis (4/12/13) revealed small amount of fluid surrounding sacrococcygeal joint without obvious marrow edema; report not available for review), current diagnoses (lumbago, left lateral L4-5 disc herniation, left L5 radiculopathy, and multiple degenerative lumbar discs), and treatment to date (previous left L5-S1 transforaminal epidural steroid injection, stretching exercises, heat/ice therapy, and medications (including ongoing treatment with Motrin and Flexeril)). Medical report identifies at least 60% of pain relief for several months following previous epidural injection; a request for trigger point injection into bilateral deep fascia L3 through L5; and a request for an MRI of the pelvis without contrast for bilateral hip and sacroiliac joint pain. Regarding Left L4-S1 transforaminal epidural Injection, there is no documentation of functional response following previous injection. Regarding Trigger point injections, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; no more than 3-4 injections per session; radiculopathy is not present (by exam); and additional medical management (physical therapy) has failed to control pain. Regarding MRI pelvis without contrast, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy

of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings); and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 transforaminal epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbago, left lateral L4-5 disc herniation, left L5 radiculopathy, and multiple degenerative lumbar discs. In addition, given documentation of at least 60% of pain relief for several months following previous epidural injection, there is documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications. However, there is no documentation of functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Left L4-S1 transforaminal epidural Injection is not medically necessary.

Trigger point injections: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria

necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbago, left lateral L4-5 disc herniation, left L5 radiculopathy, and multiple degenerative lumbar discs. In addition, there is documentation that symptoms have persisted for more than three month; and medical management therapies such as ongoing stretching exercises, and NSAIDs and muscle relaxants have failed to control pain. However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and no more than 3-4 injections per session. In addition, given documentation of objective (dysesthesia of lateral foot) findings, there is no (clear) documentation that radiculopathy is not present (by exam). Furthermore, there is no documentation of additional medical management (physical therapy) has failed to control pain. Therefore, based on guidelines and a review of the evidence, the request for Trigger point injections is not medically necessary.

MRI pelvis without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, MRI (magnetic resonance imaging) Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS does not address this issue. ODG identifies documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors as criteria necessary to support the medical necessity of MRI of the hip/pelvis. In addition ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of lumbago, left lateral L4-5 disc herniation, left L5 radiculopathy, and multiple degenerative lumbar discs. However, despite documentation of a request for an MRI of the pelvis without contrast for bilateral hip and sacroiliac joint pain, and given documentation of imaging findings (reported MRI of pelvis (4/12/13) revealed small amount of fluid surrounding sacrococcygeal joint without obvious

marrow edema; report not available for review), there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeated study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, despite documentation of the medical report's reported imaging findings (MRI of pelvis identifying small amount of fluid surrounding sacrococcygeal joint without obvious marrow edema), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for MRI pelvis without contrast is not medically necessary.