

Case Number:	CM15-0013128		
Date Assigned:	01/30/2015	Date of Injury:	09/24/2005
Decision Date:	03/23/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/22/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 46 year old male patient, who sustained an industrial injury on 09/24/2005. Radiographic testing performed on 12/17/2014 revealed mild spinal canal narrowing at L3-4 secondary to disc protrusion and mild spinal canal and mild left foraminal narrowing at L4-5 secondary to disc and posterior element degenerative changes. A progress note date 12/22/2014 reported subjective complaint of right and left back pain. The pain is described as constant, achy and rated a 4 out of 10 in intensity. The patient reported being awakened from sleep twice weekly due to pain. he is noted as working with modified duty. Prior treatments include; Rizhotomy 2011 with some relief. Previously he was prescribed with Duragesic 300MCG, Hydrocodone 10/325 MG along with an attempt at physical therapy which did not help. He did receive a trigger point injection with noted temporary relief. Lastly he intermittently uses a transcutaneous electric nerve stimulator with little effect. He is currently prescribed Lidoderm Patch and Ultram ER 200 MG. Physical examination found tenderness to palpation on all levels of right lumbar paraspinal muscle with taut muscle band. The plan of care involved chronic low back pain with trigger point injections to all levels of right lumbar paraspinals. He is to follow up in two weeks. On 01/19/2015 Utilization Review non-certified the request for a L4-5 epidural steroid injection and trigger point injections times four, noting the CA MTUS Chronic Pain, Epidural Steroid Injections, Trigger Point Injections was cited. The injured worker submitted an application on 01/21/2015 for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 46, Epidural injections..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Epidural injections. MTUS guidelines state the following: epidural injections are recommended as an option in the treatment of radicular pain. There is a history of radiculopathy noted on exam. According to the clinical documentation provided and current MTUS guidelines; Epidural injections are indicated as a medical necessity to the patient at this time.

Trigger point injections, quantity of four: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page 122.

Decision rationale: Recommended only for myofascial pain syndrome. Not recommended for radicular pain. The injections must have the following supporting documentation, including pain more than 3 months, trigger points with evidence upon palpation of a twitch response, radiculopathy is not present, and no more than 3-4 injections per session, etc. The patient does not have a current diagnosis of myofascial pain syndrome. The patient is noted with radiculopathy. According to the clinical documentation provided and current MTUS guidelines; a trigger point injection is not indicated as a medical necessity to the patient at this time.