

<b>Case Number:</b>	CM15-0129126		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/28/2006
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, California

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 58 year old male, who sustained an industrial injury on 3/28/06. The injured worker has complaints of low back pain with decreased range of motion. The documentation noted that there is tenderness palpable with spasm over the paravertebral musculature bilaterally. Straight leg raising in the seated position at 60 degrees produces pain in both thighs. The diagnoses have included failed low back surgery syndrome. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 1/20/15 showed no significant interval change when compared with prior lumbar spine magnetic resonance imaging (MRI) dated 7/22/14 in the status post bipedicular L4 and L5 fusion, post laminectomy changes, and no evidence of abnormal fluid collections; lumbar spine X-rays on 1/16/15 showed stable internal fixation; lumbar spine surgery on 4/30/14; lyrica; zolpidem; baclofen; omeprazole; injections and physical therapy. The request was for lumbar trigger point injections, quantity 3; lumbar epidural steroid injections to L3-L4, L4-L5, L5-S1 (sacroiliac) under fluoroscopy and sedation (for lumbar epidural steroid injections). The medication list include lyrica; zolpidem; baclofen; omperazole. The patient's surgical history include lumbar fusion on 4/30/2014. Per the note dated 6.8.15 the patient had complaints of neck pain and buttock pain that radiates in the right lower extremity. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR, normal strength and sensation. The patient had received an unspecified number of the PT visits for this injury. The patient had received lumbar ESI on 8/30/2012. The detailed procedure note of the lumbar ESI on 8/30/2012 was not specified in the records specified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Trigger Point Injections, Qty 3: 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 122.

**Decision rationale:** Request Lumbar Trigger Point Injections, Qty 3. MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. The medical necessity of the request for Lumbar Trigger Point Injections, Qty 3 is not fully established in this patient.

### **Lumbar Epidural Steroid Injections to L3-L4, L4-L5, L5-S1 (sacroiliac) under fluoroscopy: Upheld**

**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 Epidural steroid injections (ESIs), page 46.

**Decision rationale:** Lumbar Epidural Steroid Injections to L3-L4, L4-L5, L5-S1 (sacroiliac) under fluoroscopy. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated

by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received lumbar ESI on 8/30/2012. The detailed procedure note of the lumbar ESI on 8/30/2012 was not specified in the records specified. Per the cited guidelines, "repeat blocks should 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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs. Any evidence of associated reduction of medication use, was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Lumbar Epidural Steroid Injections to L3-L4, L4-L5, L5-S1 (sacroiliac) under fluoroscopy is not fully established for this patient.

**Sedation (for Lumbar Epidural Steroid Injections): Upheld**

**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 Epidural steroid injections (ESIs), page 46 Low Back (updated 07/17/15) Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** Sedation (for Lumbar Epidural Steroid Injections). The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received lumbar ESI on 8/30/2012. The detailed procedure note of the lumbar ESI on 8/30/2012 was not specified in the records specified. Per the cited guidelines, "repeat blocks should 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." There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous ESIs. Any evidence of associated reduction of medication use , was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for lumbar epidural steroid injection is not fully established in this patient. Therefore it is deemed that the medical necessity of the request for Sedation (for the Lumbar Epidural Steroid Injections) is also not fully established for this patient.