

Case Number:	CM15-0174233		
Date Assigned:	09/16/2015	Date of Injury:	03/17/2001
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on March 17, 2001. Medical records indicate that the injured worker is undergoing treatment for lumbar disc degeneration, chronic pain syndrome, lumbar facet arthropathy, lumbar post-laminectomy syndrome, lumbar radiculitis and discogenic low back pain. The injured worker was currently not working. Current documentation dated July 31, 2015 notes that the injured worker reported less frequent low back pain. The pain radiated down the bilateral lower extremities to the level of the feet. The pain was rated 4 out of 10 on average with medications since the last visit. The injured worker also noted limitations with activities of daily living and sleep difficulties due to pain. Examination of the lumbar spine revealed tenderness to palpation in the lumbar-four sacral-one level. Range of motion was decreased. Facet signs were present in the lumbar spine bilaterally. Sensation was diminished along the lumbar-five sacral-one dermatome in the bilateral lower extremities. A seated straight leg raise test was positive bilaterally. The injured worker was noted to have persistent trigger points for which a trigger point injection was performed. The injured worker reported pain relief following the injections. Treatment and evaluation to date has included medications, MRI of the lumbar spine (2002 and 2009), epidural steroid injections and a lumbar laminectomy. The injured worker received caudal epidural steroid injections bilaterally to the lumbar-five sacral-one level on April 21, 2015. The injections provided the injured worker with 20 to 50% overall functional improvement which lasted 2 months. A current medication list was not provided. Treatments tried and failed include acupuncture treatments and physical therapy. Medication tried and failed includes Tramadol due to untoward side effects. Current

requested treatments include requests for diagnostic bilateral L4-S1 (2 levels) transforaminal lumbar epidural steroid injection under fluoroscopy and trigger point injections. The Utilization Review documentation dated August 18, 2015 non-certified the requests for diagnostic bilateral L4-S1 (2 levels) transforaminal lumbar epidural steroid injection under fluoroscopy and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L4-S1 (2 levels) transforaminal lumbar epidural steroid injection under fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural steroid injections, diagnostic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant has a remote history of a work injury in March 2001 and is being treated for chronic radiating low back pain including a diagnosis of post-laminectomy syndrome. A caudal epidural steroid injection was done on 04/21/15 with reported 20-50% improvement at follow-up on 05/21/15. When seen, the caudal injection had helped for two months. He was having frequent radiating low back pain. Pain was rated at 4-8/10. There was lumbar tenderness with decreased range of motion. Facet testing was positive. There was decreased lower extremity sensation and positive straight leg raising. A trigger point injection was performed. Authorization for a second diagnostic epidural steroid injection using a bilateral transforaminal approach was requested. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A different level or approach might be proposed. In this case, the claimant had a partial response to the injection done in April 2015. A bilateral transforaminal approach is being planned which would be considered a more targeted technique. A second diagnostic epidural steroid injection is medically necessary.

Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant has a remote history of a work injury in March 2001 and is being treated for chronic radiating low back pain including a diagnosis of post-laminectomy syndrome. A caudal epidural steroid injection was done on 04/21/15 with reported 20-50% improvement at follow-up on 05/21/15. When seen, the caudal injection had helped for two months. He was having frequent radiating low back pain. Pain was rated at 4-8/10. There was lumbar tenderness with decreased range of motion. Facet testing was positive. There was decreased lower extremity sensation and positive straight leg raising. A trigger point injection was performed. Authorization for a second diagnostic epidural steroid injection using a bilateral transforaminal approach was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented and the claimant has physical examination findings of radiculopathy for which another epidural steroid injection is being requested. A trigger point injection was not medically necessary.