

Case Number:	CM15-0065716		
Date Assigned:	04/13/2015	Date of Injury:	04/01/2013
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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: California

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 35 year old male, who sustained an industrial injury on 4/1/13. The initial injury and complaints are not noted. The injured worker was diagnosed as having lumbago; degeneration of lumbar/lumbosacral intervertebral disc. Treatment to date has included acupuncture; physical therapy; MRI lumbar spine without contrast (2/11/14); left lumbar L3, L4 and L5 medial branch blocks with fluoroscopy (12/12/14); left lumbar L3, L4 and L5 medial branch radiofrequency ablations with fluoroscopy (1/23/15); medial branch nerve blocks lumbar (3/6/15); medications. Currently, the PR-2 notes dated 3/9/15 indicated the injured worker had medial branch blocks at L1-L2 on 3/6/15. He reports a pain reduction from 7/10 to 1/10 for three hours following the injections. At the fourth hour the pain began to return and he took a Norco. The majority of the pain is in the right low back and radiating down to the right leg and foot. The pain is described as sharp, pressure-like pain which increases with activity, improves but does not resolve with rest. A lumbar spine MRI on 2/11/14 reports L5-S1 disc degeneration with minimal disc bulging. The submitted documentation also notes a left lumbar L3, L4 and L5 medial branch radiofrequency ablation with fluoroscopy was done on 1/23/15. The provider had anticipated completing a right side radiofrequency ablation. The provider's treatment plan is now to request Right L5 & S1 transforaminal epidural steroid injection (TFESI) due to the injured workers complaints of increased and severity of radicular pain and retrospective Trigger point injection times 5 (DOS 3/9/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 & S1 transforaminal epidural steroid injection (TFESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, the patient's clinical and imaging findings do not corroborate radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

Trigger point injection times 5 (DOS 3/9/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination, defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Within the documentation available for review, there are no physical examination findings consistent with trigger points as defined above. In the absence of such documentation, the requested trigger point injections are not medically necessary.