

Case Number:	CM14-0102931		
Date Assigned:	07/30/2014	Date of Injury:	09/25/2006
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Management; and is licensed to practice in Tennessee. 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:

The patient is a 46-year-old male who has submitted a claim for cervical spondylosis, mild right shoulder impingement syndrome, left shoulder tendinitis, lumbar spondylosis, and right knee arthralgia associated with an industrial injury date of 9/25/2006. Medical records from 11/18/11 up to 5/20/14 were reviewed showing bilateral leg pain with the right greater than the left 4-5/10 in severity. He also reported pain in the mid to low back rated at 5/10. He complained of right knee pain 4/10 in severity. He is currently not working. Physical examination showed reduced sensation in the bilateral L5-S1 distribution and a positive SLR. ROM was decreased. MRI of the lumbar spine taken on 11/18/11 noted congenital stenosis of the thecal sac, 1-2 mm posterior disc bulge without evidence of neural foraminal narrowing at L4-L5, L5-S1. Treatment to date has included epidural injections and trigger point injections. Utilization review from 6/10/2014 denied the request for LESI (Lumbar Epidural Steroid Injection) With Trigger Point Injections X3. Diagnostic imaging did not document nerve root encroachment. There were no objective findings to indicate the presence of trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI WITH TRIGGER POINT INJECTIONS X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection, Trigger Point Injections Page(s): 46,122.

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. No more than one interlaminar level should be injected at one session. 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. In this case, the patient has had a total of 3 trigger point injections and 3 lumbar spine epidural injections since December 2013. He had experienced 40% improvement from the most recent ESI on 02/20/2014; however, duration of pain relief was not specified. In addition, there was no recent diagnostic imaging to document the presence of radiculopathy. MRI of the lumbar spine from 11/18/11 failed to show evidence of nerve root impingement or compromise to warrant ESI. Moreover, physical examination did not elicit trigger points to warrant injections. Therefore, the request for LESI with Trigger Point Injections X3 is not medically necessary.