MAXIMUS Federal Services

Case Number:	CM15-0108244		
Date Assigned:	06/12/2015	Date of Injury:	06/17/2013
Decision Date:	10/06/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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 60-year-old male, who sustained an industrial injury on June 17, 2013. He reported low back pain radiating down bilateral legs and neck pain. The injured worker was diagnosed as having displacement of intervertebral disc, site unspecified, degeneration of the lumbar or lumbosacral intervertebral disc without myelopathy and spinal stenosis, unspecified region. Treatment to date has included radiographic imaging and electrodiagnostic studies. Currently, the injured worker complains of neck pain and low back pain radiating down bilateral legs. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 21, 2105, revealed continued pain as noted. It was noted radiographic imaging of the lumbar spine revealed disc bulges, spinal cord narrowing. Electrodiagnostic studies of the bilateral lower extremities revealed mild right sided radiculopathy. Radiographic imaging, a surgical tray and lumbar injections under fluoroscopy were requested. During a telephone peer discussion on the prior Utilization Review, it was noted that the injured worker is status post epidural steroid injection on 3/2/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 epidural steroid injection qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009 and based on Non-MTUS Citation Official Disability Guidelines ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. Per the MTUS guidelines, in the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year. The MTUS guidelines also note that the current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. In this case, per the submitted documents, during a telephone peer discussion on the prior Utilization Review, it was noted that the injured worker is status post epidural steroid injection on 3/2/15. In the absence of continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, the request for a repeat injection is not supported. Therefore, the request is not medically necessary and appropriate.

Fluoroscopic guidance qty: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Epidurography, radiological supervision qty: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Injection, triamcinolone acetonide 10mg qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation National Library of Medicine (http://dailymed.nlm.nih.gov).

Decision rationale: According to dailymed.nlm.nih.gov, Triamcinolone acetonide injectable suspension, USP is triamcinolone acetonide, a synthetic glucocorticoid corticosteroid with marked anti-inflammatory action, in a sterile aqueous suspension suitable for intralesional and intra-articular injection. In this case, the injured worker has not been deemed an appropriate candidate for undergoing the requested injections and the request for triamcinolone is therefore not supported. Therefore, the request is not medically necessary and appropriate.

Injection, ketorolac tromethamine qty: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS guidelines, Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. In this case, the injured worker is far into the chronic phase of injury with a date of injury in 2013. The MTUS guidelines note that Toradol is not supported in the chronic phase of injury. This request is therefore not supported. Therefore, the request is not medically necessary and appropriate.

Injection, single or multiple trigger point, per 15 mg, L4-L5, L5-S1 qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

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

Decision rationale: According to the MTUS guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, the medical records do not establish that the injured worker is a candidate for undergoing trigger point injections. Therefore, the request is not medically necessary and appropriate.