

<b>Case Number:</b>	CM13-0007380		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 California. 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:

According to the records made available for review, this is a 52-year-old female with a 7/19/11 date of injury. At the time of request for authorization for bilateral L3-L4, L4-L5, L5-S1 lumbar facet steroid injections under fluoroscopic guidance, trigger point injections, and follow up with [REDACTED], there is documentation of subjective (low back pain with muscle spasms and bilateral sacroiliac joint pain) and objective (tenderness to palpation at the facets from L3 to S1 and bilateral sacroiliac joints, negative Patrick's test, no trigger points in the lumbar paraspinal muscles, and limited range of motion in the lumbar spine) findings, current diagnoses (low back pain, lumbar facet arthropathy at L3-S1 with lumbago, and myofascial dysfunction), and treatment to date (physical therapy, home exercise program, injections, and medication). In addition, the medical report plan indicates follow up with the patient's primary treating physician, [REDACTED]. Regarding the requested bilateral L3-L4, L4-L5, L5-S1 lumbar facet steroid injections under fluoroscopic guidance, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Regarding the requested trigger point injections, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Regarding the requested follow up with [REDACTED], there is no documentation of a rationale identifying the medical necessity of the requested follow

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **BILATERAL L3-L4, L4-L5, L5-S1 LUMBAR FACET STEROID INJECTIONS UNDER FLUOROSCOPIC GUIDANCE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs).

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar facet arthropathy at L3-S1 with lumbago, and myofascial dysfunction. In addition, there is documentation of low-back pain that is non-radicular and failure of conservative treatment (home exercise, PT, and medications) prior to the procedure for at least 4-6 weeks. However, given documentation of a plan indicating bilateral L3-L4, L4-L5, L5-S1 lumbar facet injections, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for bilateral L3-L4, L4-L5, L5-S1 lumbar facet steroid injections under fluoroscopic guidance is not medically necessary.

## **TRIGGER POINT INJECTIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is Final Determination Letter for IMR Case Number CM13-0007380 4 documentation of diagnoses of myofascial dysfunction. In addition, there is documentation that symptoms have persisted for more than three months; medical management

therapies such as ongoing stretching exercises, physical therapy, and medications have failed to control pain; and radiculopathy is not present (by exam). However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections is not medically necessary.

**FOLLOW UP WITH DR. THOMAS SAUCEDO:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS , 127 Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar facet arthropathy at L3-S1 with lumbago, and myofascial dysfunction. However, despite documentation of a plan indicating follow up with the patient's primary treating physician, [REDACTED], there is no documentation of a rationale identifying the medical necessity of the requested follow up. Therefore, based on guidelines and a review of the evidence, the request for follow up with [REDACTED] is not medically necessary.