

<b>Case Number:</b>	CM13-0015991		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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:

This is a 42-year-old gentleman who reported an injury to his low back in a work-related accident on 6/5/09. The clinical progress reports for review include a 7/16/13 orthopedic assessment with [REDACTED] indicating current complaints of low back pain noted to be isolated to the facet joints. Physical examination showed 5/5 motor tone, equal and symmetrical +2 reflexes, and a normal sensory examination to the lower extremities with restricted lumbar range of motion with flexion, extension, and lateral bending to the left and right with tenderness to palpation. The claimant was diagnosed with L4-5 and L5-S1 disc herniations status post L5-S1 total disc arthroplasty on 8/18/11 as well as right leg radiculopathy. The requested intervention at that time was for an injection of Celestone and Bupivacaine at the level of the "bilateral lumbosacral junction." More recent clinical care is not noted. Clinical imaging in this case is not formally documented

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Celestone/Bupivacaine injection of the lumbar spine:** Upheld

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

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

**Decision rationale:** CA MTUS states, "Criteria for the use of Trigger point injections: 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". Based on California MTUS Chronic Pain Guidelines, localized injection of Celestone and Bupivacaine (i.e. trigger point injection) is not medically necessary. Documentation in this case did not describe trigger points with evidence of palpable twitch response which is a diagnostic criteria required for the procedure. The records also do not support recent medical treatment that has been utilized as first line response. As CA MTUS guideline criteria have not been satisfied with the available clinical information, the requested injection would not be considered as medically necessary.