MAXIMUS Federal Services

Case Number:	CM14-0002167		
Date Assigned:	01/24/2014	Date of Injury:	11/11/1998
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/07/2014

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, Pain Medicine and is licensed to practice in Florida. 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 claimant is a 41 year old male who reported a lifting injury to his lower back on 11/11/1998. Within the clinical note dated 11/14/2013 the injured worker reported his back pain was constant and the most bothersome was his right knee. The prescribed medication list included Norco 1-/325, Restoril, Valium, Xanax, Ambien, Lunesta, Rozerem, Lidoderm Patch, Aleve, DayPro, Motrin, Celebrex, Vioxx, Flexeril, Skelaxin, Soma, Ultram, Ultracet, Ultram ER, Vicodin, Lorcet, Bancap, Percocet, and Roxicet. The physical exam reported the injured worker had signs of transitional facet pain with limited painful extension and focal tenderness in the middle lumbar spine. The request for authorization was not found within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION OF THE SUPRASPINOUS LIGAMENT AT L4-5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK,LIGAMENTOUS INJECTIONS.

Decision rationale: The Official Disability Guidelines ODG) do not recommend ligamentous injections that involve the injection of various substances (especially sclerosing agents) into interspinal ligaments and ligamentous muscle attachments in the low back. The theory behind such treatment is that this stimulates formation of scar tissue in ligaments. Ligamentous and sclerosant injections are invasive and not recommended in the treatment of patients with acute low back problems. The injections can expose patients to serious potential complications. As the ODG guidelines do not recommend ligamentous injections that involve the injection of various substances (especially sclerosing agents) into interspinal ligaments and ligamentous muscle attachments in the low back, the injection would not be indicated. In addition, it is unclear if the claimant has exhausted conservative care. The request for injection of the supraspinous ligament at the L4-5.