MAXIMUS Federal Services

Case Number:	CM14-0121213		
Date Assigned:	08/06/2014	Date of Injury:	03/30/2000
Decision Date:	12/31/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 66-year-old gentleman with a date of injury of 03/30/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 03/04/2014, 05/13/2014, and 07/07/2014 indicated the worker was experiencing worsening lower back pain that went into the legs and numbness in the left outer leg area. Documented examinations consistently described decreased sensation following the path of the left L5 spinal nerve, painful movement of the lower back joints, and tender trigger points in the muscles of the lower back. A report of MRI imaging of the lower back dated 06/10/2014 described a moderate L3 spinal stenosis. The submitted and reviewed documentation concluded the worker was suffering from post-laminectomy syndrome, arachnoiditis, lumbar radiculopathy/radiculitis, and lumbar spondylosis. Treatment recommendations included oral pain medications, three trigger point injections, injections of spinal facet joints on both sides, and follow up care. A Utilization Review decision was rendered on 07/23/2014 recommending non-certification for a L3-4 lumbar facet injection on both sides using fluoroscopy or ultrasound guidance and three trigger point injections in one session. A supplemental note dated 08/08/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection (B) L3-L4 using fluoroscopy or ultrasonic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Occupational Disability Guidelines (ODG) online, 4th edition Work Loss Data Institute, Official Disability Guidelines Treatment in Workers Compensation, 10th edition, 2012

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 300, 307.

Decision rationale: The MTUS Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation concluded the worker was suffering from post-laminectomy syndrome, arachnoiditis, lumbar radiculopathy/radiculitis, and lumbar spondylosis. These records did not include a discussion that provided extenuating circumstances that sufficiently supported the use of this treatment in this setting. In the absence of such evidence, the current request for a L3-4 lumbar facet injection on both sides using fluoroscopy or ultrasound guidance is not medically necessary.

Trigger point injections x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS Guidelines support the use of trigger point injections with numbing medications for the treatment of myofascial pain syndromes. Injection with steroids or other medications is not recommended. Myofascial pain syndromes include regionally painful muscles with associated trigger points. Under specific circumstances, this treatment may be helpful in treating chronic regional pain syndrome (CRPS). Trigger point injections have not been shown to be helpful in treating other conditions such as fibromyalgia, radiculopathy, or routine back or neck pain. Criteria required to demonstrate medical necessity include detailed documentation of true trigger points on examination; on-going symptoms for at least three months; symptoms have not improved with non-invasive treatments, such as stretching and therapeutic exercises and medication to decrease swelling; examination, imaging, and neurologic studies have not shown radiculopathy; and no more than three injections per session should be done. Repeated trigger point injections should only be done if prior injections caused improved function and at least a 50% reduction in symptoms for at least six weeks and prior injections were done at least two months ago. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy/radiculitis, among other conditions. These records did not include a discussion that provided extenuating circumstances that sufficiently supported the use of this treatment in this setting. In the absence of such evidence, the current request for three trigger point injections in one session is not medically necessary.