

<b>Case Number:</b>	CM14-0020590		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### **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 Occupational Medicine 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:

The patient is a 55-year-old female who has submitted a claim for status post left knee arthroscopy in March 2012, articular cartilage defect of the medial femoral condyle, partial meniscectomy as well as possible medial meniscal tearing as noted on the MRI scan, left shoulder rotator cuff tear and AC arthrosis, lumbosacral sprain/strain, lumbar discopathy at L5-S1/arthrosis at L5-S1, diabetes and hypertension, left shoulder rotator cuff tear, status post arthroscopic left knee with residual interarticular damage, and L5-S1 disc protrusion right side associated with an industrial injury date of January 1, 2012. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, rated 5/10 in severity. The pain was intermittent and was aggravated by prolonged walking, attempted lifting, and prolonged sitting. The pain radiates to her buttocks bilaterally. Physical examination showed tenderness on the lumbar spine at L1, L2, L3 along the spinous processes. There was diminished range of motion of the lumbar spine. Motor strength and sensation was intact. MRI of the lumbar spine, dated February 13, 2013, revealed at L2-L3 mild bilateral facet degenerative changes and mild disc desiccation with broad based anterior spur and 2-3mm broad base posterior disc bulge; mild disc desiccation at L3-L4 and L4-L5 with mild bilateral facet degenerative changes at L5-S1; and at L5-S1 there was right-sided paracentral focal 4mm disc protrusion in contact with the right S1 nerve root and displacing the S1 nerve root slightly posteriorly. Official report of the imaging study was not made available. Treatment to date has included medications, physical therapy, activity modification, and left knee arthroscopic partial medial and lateral meniscectomy. Utilization review, dated February 5, 2014, denied the requests for trigger point injections, interspinous ligaments and steroid injections, interspinous ligaments. Reasons for denial were not available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TRIGGER POINT INJECTIONS, INTERSPINOUS LIGAMENTS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

**Decision rationale:** As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, the patient has chronic low back pain with radiation to the bilateral buttocks. Trigger points were not noted from the medical records submitted for review. Moreover, there is no objective evidence of failure and exhaustion of conservative treatments to relieve pain. Furthermore, the present request failed to specify the spinal levels to be injected and the number of injections per session. The guideline criteria were not met. Therefore, the request for trigger point injections, interspinous ligaments is not medically necessary.

### **STEROID INJECTIONS, INTERSPINOUS LIGAMENTS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fluoroscopically-guided injections to treat "kissing spine" disease. (<http://www.ncbi.nlm.nih.gov/pubmed/18690283>).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article entitled, Fluoroscopically-guided injections to treat kissing spine disease was used instead. It states that any spine structure that is innervated by afferent nociceptive nerve fibers is a potential pain generator. In the lumbar spine, the most studied pain generators include: sacroiliac joints, the zygapophysial joints, the intervertebral discs, and myofascial structures. Anomalous lumbosacral articulations, the spinous processes, and lumbar spine osteophytes are less commonly reported. Painful adjacent and closely opposed spinous processes can be a source of axial low back pain. Medical practice standards of care make it reasonable to consider interspinous ligament injections following failure of attempts at conservative care when MRI changes suggest low back pain emanating from adjacent spinous processes that appear to be in direct contact or very closely opposed. In this case, the patient has

persistent low back pain that radiates to the bilateral buttocks. Physical examination showed tenderness along the spinous processes. However, there was no evidence that the patient was unresponsive to conservative treatment. Therefore, the request for steroid injections, interspinous ligaments is not medically necessary.

