

<b>Case Number:</b>	CM14-0105036		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49 year old woman who sustained a work-related injury on January 27 2012. Subsequently, the patient developed a chronic spine and leg pain. According to a progress report dated on May 22 2014, the patient was complaining of low back pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The provider requested authorization for Left Erector Spinae/Supraspinous ligament Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Tendon Injection for Diagnostic Block Left Erector Spinae/Supraspinous ligament**

**Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back - Lumbar & Thoracic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Ligamentous injections <http://www.odg-twc.com/>

**Decision rationale:** According to ODG guidelines, ligamentous injection is not recommended. Ligamentous injections 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 sclerosing 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. One major evidence based guideline has concluded that trigger point and ligamentous injections are likely to be beneficial for chronic low back pain. Based on the above, there is no strong evidence supporting the efficacy of ligamentous injections for back pain. Therefore, the request for Tendon Injection for Diagnostic Block Left Erector Spinae/Supraspinous ligament Injection is not medically necessary.