

Case Number:	CM14-0196575		
Date Assigned:	12/04/2014	Date of Injury:	08/17/2009
Decision Date:	02/17/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, 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:

According to the records made available for review, this is a 33-year-old female with an 8/17/09 date of injury. At the time (9/16/14) of the request for authorization for steroid trigger injections x2 to the lumbar spine, there is documentation of subjective (pain and stiffness from mid back to the left low back, radiating pain to the left leg to the 4th and 5th toes with tingling and numbness that is improved, there is numbness and tingling in both buttocks and hips worse in the left side, and off and on pain in the knee) and objective (decreased lumbar spine range of motion, Lasegue sign is positive bilaterally, there is hypesthesia over L4, L5, and S1 dermatomes located over the left foot, there is circumscribed paravertebral trigger points with palpated tenderness and positive twitch response over the T6 to T8 and at L3/4, L4/5, and L5/S1) findings, current diagnoses (thoracic spine contusion/sprain, lumbar spine contusion/sprain, lumbar spine status post L4/5 and L5/S1 posterior/interbody fusion with L5/S1 interbody fusion in question associated with continued right-sided radiculopathy, left pelvis and hip girdle ilio-psoas, rectus femoris myofascitis with continued symptoms, rule out internal derangements, right inguinal ligament sprain with continued symptoms, and right knee contusion/sprain with continued significant symptoms and pre-existing mild tricompartmental degenerative changes), and treatment to date (medication, home exercise program, and trigger point injections with increased range of motion). There is no documentation of greater than 50% pain relief is obtained for six weeks after an injection and injections not at an interval less than two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Trigger Injections x2 to 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: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of thoracic spine contusion/sprain, lumbar spine contusion/sprain, lumbar spine status post L4/5 and L5/S1 posterior/interbody fusion with L5/S1 interbody fusion in question associated with continued right-sided radiculopathy, left pelvis and hip girdle ilio-psoas, rectus femoris myofascitis with continued symptoms, rule out internal derangements, right inguinal ligament sprain with continued symptoms, and right knee contusion/sprain with continued significant symptoms and pre-existing mild tricompartmental degenerative changes. In addition, there is documentation of evidence of functional improvement after previous injections. However, there is no documentation of greater than 50% pain relief is obtained for six weeks after an injection and injections not at an interval less than two months. Therefore, based on guidelines and a review of the evidence, the request for steroid trigger injections x2 to the lumbar spine is not medically necessary.