

Case Number:	CM15-0006909		
Date Assigned:	01/26/2015	Date of Injury:	12/30/2013
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained a work related injury on 12/30/13. The diagnoses have included persistent mechanical low back pain with radiation to right leg, congenital spinal stenosis in lumbar spine, degenerative disc disease in lumbar spine, facet arthropathy in lumbar spine, persistent severe lumbago, and lumbar spondylosis. Treatments to date have included oral medications, MRI lumbar spine, and trigger point injection. The injured worker complains of low back pain that radiates to leg. He has limited range of motion of lumbar spine, and tenderness over lumbar spine region. Patient also noted to have a mildly positive straight leg raise test (side not specified) as of 9/18/14. On 12/23/14, Utilization Review non-certified a request for an ultrasound guided corticoid injection lumbar spine. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticoid injection lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 45-46, and 122.

Decision rationale: The request is unclear, as to whether the injection is intended to be a trigger point injection or epidural steroid injection, both of which have been requested for this patient in the past. The decision here then addresses both possible options for treatment. Per the MTUS guidelines, trigger point injections are only recommended for myofascial pain syndrome, when criteria are met, related to neck and /or back pain. Injections are not recommended for radicular pain. Myofascial pain syndrome is defined by identifiable trigger points with pain in their associated muscle region. The guidelines specify criteria required for trigger point injections. Per the MTUS Guidelines, Epidural steroid injections (ESIs) are recommended for treatment of radicular pain if conservative measures have failed. The Guidelines specify several criteria for use of epidural steroid injections, and all criteria must be met. New evidence suggests no more than 2 epidural steroid injections, not the previously recommended series of 3. Epidural steroid injections have not been shown to provide lasting pain relief and have no proven effect on long term function. Based on the evidence, epidural steroid injections are best used for short-term pain relief (no more than 3 months), in conjunction with other measures including continued exercise. Per the records supplied, Radiculopathy is documented on exam at 2 visits, though documentation is scant. Patient's symptoms have been unresponsive to conservative therapies including medications, but not clear in the record if he has participated in / failed physical therapy. As the request does not specify the number of levels for injection, it is unclear if multiple sites are to be injected. While patient meets some of the criteria for epidural steroid injections, the patient does not meet all of the criteria set forth in the MTUS Guidelines for epidural steroid injection use above, so the request for injection lumbar spine is not medically indicated. Furthermore, trigger point palpation with twitch response and referred pain, were not documented. Patient has radiculopathy. The number of levels to be injected is not specified and patient has multi-level disc disease, and has requested multiple level injections in the past, so the request here is unclear. While the records indicate that the trigger point injection has helped patient in the past with pain, the records do not quantify the reduction in pain and do not include assessment of functional improvement with trigger point injection. As 4 of the above criteria were not met, the trigger point injections are not medically necessary.