

Case Number:	CM15-0197680		
Date Assigned:	10/13/2015	Date of Injury:	12/05/2000
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male, who sustained an industrial injury on 12-5-2000. The injured worker was being treated for back pain and L4-S1 degenerative joint disease, degenerative disc disease, and spinal stenosis. Medical records (2-6-2015 to 9-4-2015) indicate ongoing non-radiating low back pain with mild restricted movement due to pain. The medical records (2-6-2015 to 9-4-2015) did not include documentation of the subjective pain ratings. The medical records (2-6-2015 to 9-4-2015) did not include documentation of the subjective pain relief provided by trigger point injections under ultrasound guidance L5 region that were administered to the injured worker on 2-6-2015, 3-30-2015, 5-1-2015, and 6-1-2015. The physical exam (2-6-2015 to 9-4-2015) revealed tenderness at L4 (lumbar 4) and L5 (lumbar 5), paraspinal spasms bilaterally, and trigger points at L4, L5, and bilateral sciatic. There was moderate tenderness over the bilateral sacroiliac joints and 25% reduced lumbar spine range of motion. There were normal sensory, motor, and deep tendon reflexes exams. On 7-20-2015, an MRI of the lumbar spine revealed severe degenerative facet and ligamentum flavum hypertrophy at L4-5, resulting in moderate L4-5 transverse central canal stenosis and mild right and moderate left lateral recess stenosis, affecting the L5 intraspinal nerve roots. There is moderate right and severe left neural foraminal stenosis at L4-5. There was mild left L5-S1 (lumbar 5-sacral 1) and moderate right and severe left L5-S1 neural foraminal stenosis secondary to asymmetric broad-based disc protrusion and bilateral facet hypertrophy. Per the treating physician (9-4-2015 report) x-rays revealed L4-S1 degenerative joint disease, degenerative disc disease, and spinal stenosis. Surgeries to date have included lumbar spine surgery in 2000. Treatment has included aquatic therapy and medications including pain, anti-epilepsy, and non-steroidal anti-

inflammatory. Per the treating physician (9-4-2015 report), the injured worker has not returned to work. On 9-5- 2015, the requested treatments included trigger point injections under ultrasound guidance L5 region x 4. On 9-16-2015, the original utilization review non-certified a request for trigger point injections under ultrasound guidance L5 region x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections under ultrasound guidance L5 region x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 9/4/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the determination is for non-certification.