

<b>Case Number:</b>	CM15-0201721		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: 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 40 year old female, who sustained an industrial injury on 1-27-2014. The injured worker is undergoing treatment for: lumbar sprain and strain, lumbar discogenic syndrome, myofascial pain. On 7-7-15, 7-20-15, 7-29-15, and 8-31-15, she reported continued low back pain and indicated there was radiation into the lower extremities. She indicated that TENS and heating pads were helpful in giving mild relief. Objective findings revealed tenderness in the spinal facet and paraspinal muscles, decreased range of motion and positive straight leg raise testing. Physical therapy is noted to have been "very helpful". The treatment and diagnostic testing to date has included: multiple sessions of physical therapy, TENS, lumbar surgery (1-15-15), home exercise program, lumbar epidural steroid injection and epidurogram at left L5 and left S1 (7-15-14), foam roller, sombra warm therapy, moist heat. Medications have included: Gabapentin, cyclobenzaprine. Current work status: modified and noted that her work does not accommodate her status. The request for authorization is for: ultrasound treatment to the lumbar spine paraspinal muscles, and trigger point injections to the lumbar spine. The UR dated 9-25-2015: non-certified the request for ultrasound treatment to the lumbar spine paraspinal muscles and trigger point injections to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Ultrasound treatment to lumbar spine paraspinal muscle Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultrasound, Therapeutic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Ultrasound, therapeutic.

**Decision rationale:** Per ODG Low Back / Ultrasound, therapeutic: Not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. The guidelines continue to state that the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In this case the proposes use of therapeutic ultrasound is not supported by the ODG guidelines and thus the recommendation is for non-certification. The request is not medically necessary.

## **Trigger point injections to lumbar spine Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Trigger Point Injections (TPIs).

**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 note from 8/31/15 demonstrates that the claimant has evidence of radiculopathy. Therefore the request is not medically necessary.