MAXIMUS Federal Services

Case Number:	CM15-0201734		
Date Assigned:	10/16/2015	Date of Injury:	03/21/2004
Decision Date:	12/01/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/14/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 67 year old male who sustained an industrial injury on 3-27-2004. A review of medical records indicates the injured worker is being treated for lumbar spine sprain and strain. Medical records dated 10-2-2015 noted issues with pain that was helped significantly with Norco and Relafen. He was requesting an injection which the last one helped for five months. Physical examination of the back revealed restricted range of motion. It was very tender at L IL ligament. There was a positive straight leg raise. Treatment has included injection, physical therapy, and medications. Utilization review form dated 10-12-2015 noncertified injection of the left IL ligament in treatment of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of the left IL Ligament, in treatment of the 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 (ODG), Low back chapter - Prolotherapy (Sclerotherapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Prolotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Ligamentous injections.

Decision rationale: Regarding the request for Injection of the left IL Ligament, in treatment of the lumbar spine Qty: 1, California MTUS does not address ligamentous injections specifically but states that all types of prolotherapy are not recommended at this time as it is still under study. ODG states Ligamentous injections are not recommended. Ligamentous injections involve the injection of various substances (especially sclerosing agents) into interspinal ligaments and ligamentous muscle attachments in the low back. See also Prolotherapy (sclerotherapy). Within the documentation available for review, there is no indication that the last injection improved the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS). In light of the above issues, the currently requested Injection of the left IL Ligament, in treatment of the lumbar spine Qty: 1 is not medically necessary.