

Case Number:	CM15-0042278		
Date Assigned:	03/12/2015	Date of Injury:	01/16/2003
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, with a reported date of injury of 03/03/2013. The diagnoses include lumbar strain and lumbar spondylosis. Treatments to date have included an x-ray of the lumbar spine on 01/16/2015, oral medication, and acupuncture. The progress report dated 02/03/2015 indicates that acupuncture was helping the injured worker's low back. The objective findings include tenderness of the lumbar spine and limited lumbar range of motion. The treating physician requested an in office ultrasound control cortisone injection to the lumbar spine. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office ultrasound control injection cortisone, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI, trigger point injections Page(s): 46-47, 122.

Decision rationale: Per the 02/03/15 report, examination reveals tenderness in the lumbar spine with limited range of motion. The patient's listed diagnoses include Lumbar strain and Lumbar spondylosis. The current request is for IN OFFICE ULTRASOUND CONTROL INJECTION CORTISONE, LUMBAR SPINE per the 02/04/15 RFA and 02/03/15 report. The patient is not working. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement of at least 50% pain relief with associated reduction of medication use for 6-8 weeks. The MTUS, Trigger point injections, Page 122 has the following regarding trigger point injections, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use includes documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. MTUS also states, "Not recommended for radicular pain." Also, "Not recommended for typical back pain or neck pain." The patient's treatment history is limited as only 3 brief medical reports have been provided from 12/23/14 to 02/24/15. The treating physician does not explain the reason for this request, and the type of injection is not clearly stated. An x-ray lumbar of 01/16/15 is included. Findings include Mild loss of disc height associated with osteophyte formation and mild sclerosis of the endplates at L2-L3. In this case, if an ESI is intended no evidence of radiculopathy or the level of injection is provided. If a TPI is intended, it is recommended only for treatment of Myofascial Pain syndrome and is not recommended for typical back pain. No evidence of myofascial pain syndrome is provided and there are no documented trigger points identified with twitch response and referred pain. The request IS NOT medically necessary.