

<b>Case Number:</b>	CM15-0057905		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 50 year old male, who sustained an industrial injury on 01/10/2012. The injured worker is currently diagnosed as having lumbar intervertebral disc without myelopathy. Treatment to date has included trigger point injection, epidural injections, nerve conduction studies, and medications. In a progress note dated 01/26/2015, the injured worker presented with complaints of constant severe pain in the low back radiating to the left buttocks and the left leg. The treating physician reported requesting authorization for Depo-Marcaine injection to L4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dep-Medrol 40 mg cc Marcaine injection:** 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), pain chronic, oral corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section: trigger point injections Page(s): 122.

**Decision rationale:** According to the 02/26/2015 report, this patient presents with "constant severe pain in his low back radiating to his left hip and numbness to left leg and foot." The current request is for Dep-Medrol 40 mg Marcaine injection. The request for authorization is on 04/06/2015 and the patient's work status is P & S since 10/11/2013. In reviewing of the provided reports, the treating physician, the patient had trigger point injection in the past which "helped reduce pain." Regarding repeat trigger point injections, MTUS guidelines page 122 state "No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." In this case, the treating physician indicates that the patient has pain relief from previous injection; however, documentation does not indicate that the patient has pain relief greater than 50% for at least six weeks. In addition, the reports show the patient has pain radiating the left lower extremities. Based on available information, the patient has radicular symptoms for which trigger point injections are not indicated. Furthermore, MTUS does not support addition of corticosteroids to trigger point injections. The medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.