

Case Number:	CM14-0016865		
Date Assigned:	04/11/2014	Date of Injury:	01/16/2007
Decision Date:	05/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for low back pain with an industrial injury date of January 16, 2007. Treatment to date has included medications, physical therapy, lumbar epidural steroid injections, and a double-level circumferential fusion with posterior decompression from L4 through the sacrum. Utilization review from January 23, 2014 denied the request for trigger point injections, bilateral lumbar paraspinals and left gluteus medius muscles because these are not supported in individuals with radicular symptoms; and medial branch blocks, bilateral L3-4 facets because the records did not indicate whether or not this type of treatment has been provided in the past and if so, what benefit was provided. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of significant low back pain in all positions associated with difficulty sleeping. On physical examination, there was 6/10 level pain over the left lumbar paraspinals, intensified with mobilization of L3-4 facets bilaterally. There was also 8/10 level pain with palpation of his left gluteus medius muscle. There was palpable guarding over these muscles and a twitch response with referred pain down to his gluteal area. There was positive facet loading maneuvers bilaterally, left greater than the right. An EMG dated 10/18/13 showed evidence consistent with right L5 and S1 radiculopathies; left L4, L5, and S1 radiculopathies; and a severe axonal and demyelinating sensorimotor generalized peripheral neuropathy (likely, severe diabetic peripheral neuropathy).

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS BILATERAL LUMBAR PARASPINALS AND LEFT GLUTEUS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: According to page 122 of the Chronic Pain Medical Treatment Guidelines, criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. In this case, although there was evidence of a twitch response and referred pain, there was no discussion regarding failure of medical management. In addition, recent electrodiagnostic studies revealed presence of radiculopathy, which is a contraindication to trigger point injections. Therefore, the request for trigger point injections bilateral lumbar paraspinals and left gluteus is not medically necessary.

MEDIAL BRANCH BLOCKS, BILATERAL L3-L4 FACETS: Upheld

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

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 Chapter, Facet Joint Medical Branch Block.

Decision rationale: CA MTUS does not specifically address medial branch blocks; however, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, recent electrodiagnostic studies revealed presence of radiculopathy, which is a contraindication to medial branch blocks. Furthermore, there was no discussion regarding failure of conservative management. The criteria have not been met, therefore, the request for medial branch blocks, bilateral l3-l4 facets is not medically necessary.