

Case Number:	CM14-0132469		
Date Assigned:	09/19/2014	Date of Injury:	06/15/2012
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California & Washington. 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 injured worker is a 36-year-old male who reported an injury on 06/15/2012. The mechanism of injury was a lifting injury. On 03/17/2014, the injured worker presented with pain to the low back, associated with numbness and radiating pain to the buttock. Current medications included Norco. Upon examination of the lumbar spine, there was tenderness to palpation of the paraspinous muscles and paraspinous process noted with spasm. There is tenderness over the sacroiliac joint and a positive bilateral straight leg raise. There was decreased pain and full range of motion. There was noted 4/5 strength. The diagnoses were lumbago, degenerative disc of the lumbar spine, and displacement of the lumbar spine. The provider recommended a bilateral L4-5 and L5-S1 lumbar facet joint injection and a trigger point injection to the left buttock. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 lumbar facet joint injection & Trigger point injection left buttock: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309.

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

Decision rationale: The request for Bilateral L4-5 and L5-S1 lumbar facet joint injection & Trigger point injection left buttock is not medically necessary. The California MTUS/ACOEM Guidelines state invasive techniques, such as facet joint injections are of questionable merit. Many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic. Official Disability Guidelines further state that the criteria for use for a diagnostic block is limited to injured workers with pain that is nonradicular, no more than 2 joint levels injected in one session, failure of conservative treatments, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Included medical documentation noted low back pain that was positive for spasm and tenderness over the lumbar paraspinal muscles with a positive bilateral straight leg raise. Radiculopathy is an exclusionary criteria for a facet joint injection. Additionally, there is lack of documentation that the injured worker had failed to respond to initially recommended conservative treatments, including medications and physical therapy. California MTUS Guidelines further state that trigger point injections are limited to myofascial pain syndrome with limited and lasting value and is not recommended for radicular pain. Trigger point injections with local anesthetic may be recommended for treatment of low back or neck pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms persisting for more than 3 months, medical management therapy, such as ongoing stretching exercises, physical therapy, and medications have failed to control pain, radiculopathy is not present, and no more than 2 joint injections per session. There is lack of evidence in the documentation provided that conservative treatment, such as stretching exercises, physical therapy, and medications have failed to control pain. In addition, the injured worker has evidence of radiculopathy, which is an exclusionary criteria for the use of a trigger point injection. As such, the request is not medically necessary.