

Case Number:	CM14-0218704		
Date Assigned:	01/08/2015	Date of Injury:	10/20/2012
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Hawaii

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 22 year old female who sustained a work related injury on October 20, 2012, after a fall opening a door and injuring her back. She has had physical therapy, acupuncture, epidural spinal injections and pain medications. She was diagnosed with lumbar spinal disc protrusions, spinal stenosis of the lumbar region without neurogenic claudication and degeneration of thoracic intervertebral disc. Currently, the injured worker complains of low back pain with pain radiating down into her legs, numbness and tingling. As per the request for the ultrasound guided corticoid injection, there was not adequate clinical evidence warranting this procedure. On January 13, 2015, Utilization Review non-certified a treatment for an ultrasound guided corticoid injection, noting the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticoid Injection, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with radiating back pain that is constant in nature. The current request is for ultrasound guided corticosteroid injection, lumbar spine. The treating physician states that the patient is significantly painful and limited on the day of the visit and has a trigger point in the left gluteal region near the sciatic nerve. The treating physician's report of 11/21/14 (40) asks for "Authorization for an epidural steroid injection in the lumbar spine at L5-S1," as well as "Authorization for facet injection at L4-L5 and L5-S1." Therefore, the MTUS guidelines were consulted in regards to epidural steroid injections. The MTUS guidelines state that ESIs are recommended as an option for treatment of radicular pain and states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, there is no documentation of radiculopathy in the examination findings and the request does not specify what level is requested for injection. The current request is not medically necessary and the recommendation is for denial. The UR denied this request based on the ESI guidelines. However, the IMR request cites a trigger point CPT code. The MTUS guidelines recommend trigger point injections when all criteria are met. MTUS does not discuss ultrasound guidance for trigger point injections. The ODG guidelines also do not discuss US guidance. The Blue Cross / Blue Shield Medical Policy Manual states, Ultrasound guidance of trigger point injections is not medically necessary. In this case, the treating physician has requested ultrasound guidance for a procedure that does not require ultrasound guidance. The current request for ultrasound guidance for trigger point injection is not medically necessary. While this patient does meet the requirements for the trigger point injection, the ultrasound guidance is not supported by the BC/BS Medical Policy Manual.