

Case Number:	CM15-0100019		
Date Assigned:	06/02/2015	Date of Injury:	07/23/2008
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

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 47 year old male, who sustained an industrial injury on 7/23/08. He reported low back pain. The injured worker was diagnosed as having lumbar spine degenerative joint disease, lumbar spine degenerative disc disease L3, L4, L5 and S1 and sciatica. Treatment to date has included topical medications including dendracin lotion and Lidoderm patch, oral medications including opioids, injections, activity restrictions and home exercise program. Currently, the injured worker complains of continued constant low back pain rated 7/10 with radiation to left foot. It is noted pain is moderately reduced with medications. He is currently not working. Physical exam noted tenderness and paraspinal spasm of lumbar spine with restricted range of motion and trigger points at L4 and L5. A request for authorization was submitted for 4 trigger point injections under ultrasound guidance L5 region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Under Ultrasound Guidance L5 Region x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for typical back pain or neck pain. Trigger Point Injection under Ultrasound Guidance L5 Region x 4 is not medically necessary.