

Case Number:	CM15-0011545		
Date Assigned:	01/29/2015	Date of Injury:	06/17/2009
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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, Arizona

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 48-year-old female who reported an injury on 06/17/2009. The mechanism of injury is not included. Her diagnoses included lumbosacral herniated nucleus pulposus, lumbosacral radiculopathy right greater than left, anxiety, bilateral SI joint pain, and piriformis syndrome. The injured worker is noted to have complaints of pain radiating to bilateral legs rated at an 8/10. The progress report dated 12/23/2014 documented her medications as Norco 5/325 mg and Naprosyn 500 mg. Her treatments have included physical therapy, home exercise program, pain medications, lumbar epidural steroid injections, and work modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacro-iliac injections x3 with TPI under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain Chapter; Sacroiliac blocks, TPI (Trigger point injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Sacroiliac joint injections (SJI)

Decision rationale: The request for Bilateral Sacro-iliac injections x3 with TPI under fluoroscopic guidance is not medically necessary. The California MTUS guidelines recommend lumbar trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value, and it is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There is a lack of documentation regarding trigger points with evidence upon palpation of a twitch response, as well as referred pain. There is a lack of documentation as to how long these symptoms have persisted. There is a lack of documentation regarding pain management effectiveness, ongoing home exercise program including stretching exercises. There is a lack of documentation of failed aggressive conservative therapy of at least 4 to 6 weeks. Therefore, the request for bilateral sacroiliac injections x3 with TPI under fluoroscopic guidance is not medically necessary.