

Case Number:	CM15-0015794		
Date Assigned:	02/03/2015	Date of Injury:	10/04/2007
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 64 year old male, who sustained an industrial injury, October 4, 2007. According to progress note of December 12, 2014, the injured worker walked with a shuffled gait, antalgic gait and favoring the right greater than the left. The injured workers chief complaint was chronic low back and cervical neck pain. The injured worker describes the pain as constant stabbing and burning. Aggravating factors were lying down and standing up. The injured worker states the pain was a 10 out of 10 without pain medication and 6 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The injured worker was diagnosed with L3-4 degenerative disc disease, degenerative joint disease, and left greater than the right foraminal stenosis, right shoulder pain and chronic cervical pain, sacroiliac sprain, interstitial myositis, thoracic/lumbosacral neuritis/radiculopathy, brachial neuritis or radiculopathy, post-laminectomy syndrome lumbar region, lumbago, cervicalgia and reactive depression. The injured worker previously received the following treatments MRI of the cervical spine, pain management, L4-L5 prior laminectomy/fusion with right foraminal stenosis, 1 physical therapy treatment in 2007, walks for exercise, thoracic foraminal epidural steroid injection June 1, 2012 and bilateral L3 and L4 facet injection plus L3 and L4 thoracic foraminal epidural steroid injection on January 25, 2013 with pain relief of 50% and for 6 weeks of functional improvement. On December 12, 2014, the primary treating physician requested authorization for ultrasound guided trigger point injections to the lumbar spine and right sacroiliac joint injection fluoroscopy guided. On December 29, 2014, the UR denied authorization for ultrasound guided

trigger point injections to the lumbar spine and right sacroiliac joint injection fluoroscopy guided. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-guided trigger point injections for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182370/>

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

Decision rationale: Ultrasound-guided trigger point injections for the lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that there should not more than 3-4 injections per session. The request as written does not define a specific quantity. Additionally, the guidelines do not recommend trigger point injections when radiculopathy is present. The documentation describes history, physical and written diagnoses of lumbar radiculopathy. Additionally, it is not clear why ultrasound is required for this injection. The request for ultrasound-guided trigger point injections for the lumbar spine is not medically necessary.

Trigger point injections, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

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

Decision rationale: Trigger point injections, lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that there should not more than 3-4 injections per session. The request as written does not define a specific quantity. Additionally, the guidelines do not recommend trigger point injections when radiculopathy is present. The documentation describes history, physical and written diagnoses of lumbar radiculopathy. The request for trigger point injections for the lumbar spine is not medically necessary.