

Case Number:	CM15-0113759		
Date Assigned:	06/22/2015	Date of Injury:	08/22/1992
Decision Date:	07/28/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male patient, who sustained an industrial injury on 8/22/1992. Diagnoses include degenerative disc disease, spinal stenosis, back pain, sciatica, and status post lumbar fusion. He sustained the injury due to a mirror fall on his back. Per the doctor's note dated 4/28/2015, he had complaints of exacerbation of low back pain lasting approximately three months. The physical examination revealed lumbar muscle spasm and trigger points noted to L5, bilateral sciatica and iliac crests, decreased lumbar range of motion and an abnormal sensory exam. The medications list includes vicodin, soma and xanax. He has had the last lumbar MRI before 4 years. This MRI report was not specified in the records provided. He has undergone lumbar fusion surgery. He has had physical therapy; medial branch block on 8/28/14 and 9/11/2014. The plan of care included an MRI of the lumbar spine without contrast, bilateral medial branch block injections at L3, L4, and L5, and an ultrasound guided trigger point injection to the L5 region.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Medial Branch Block Injections from L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks) Per the cited guidelines Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit.

Decision rationale: 1 Bilateral Medial Branch Block Injections from L3, L4, L5, Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study". There is no high-grade scientific evidence to support medial branch block for this patient. In addition, regarding facet joint injections, ODG states, "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy". There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to median branch block. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, patient had medial branch block on 8/28/14 and 9/11/2014. Response to previous medial branch block in terms of decreased medications need and increased functional improvement is not specified in the records provided. The medical necessity of 1 Bilateral Medial Branch Block Injections from L3, L4, L5 is not medically necessary for this patient at this juncture.

1 MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) MRIs (magnetic resonance imaging).

Decision rationale: 1 MRI of the lumbar spine without contrast, Per the ACOEM low, back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer,

infection, or other red flags. In addition, per the records provided patient has had a lumbar MRI 4 years ago. This MRI report is not specified in the records provided. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Any significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of 1 MRI of the lumbar spine without contrast is not medically necessary for this patient at this juncture.

1 Ultrasound guided trigger point injections to L5 region: 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 Trigger point injections, page 122.

Decision rationale: 1 Ultrasound guided trigger point injections to L5 region, Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain". "Criteria for the use of Trigger point injections: (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 (by exam, imaging, or neuro-testing); (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." Evidence of documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is not specified in the records provided. Per the records provided patient had low back pain with diagnosis of sciatica. The cited guidelines do not recommended trigger point injections for patient with radiculopathy. In addition, per the records provided patient has had physical therapy for this injury. A documentation of failure of these measures was not provided in the medical records submitted. The medical necessity of 1 Ultrasound guided trigger point injections to L5 region is not medically necessary for this patient.