

Case Number:	CM15-0119112		
Date Assigned:	06/29/2015	Date of Injury:	01/09/2015
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 1/09/2015. He reported injury to his low back from lifting. The injured worker was diagnosed as having severe lumbar spine disc herniation at L4/5 and L5/S1 levels, superimposed on pre-existing advanced degenerative disc disease, with stenotic effect associated with left side radicular symptoms. Treatment to date has included diagnostics, lumbar epidural steroid injection on 3/20/2015, and medications. Currently, the injured worker complains of pain and stiffness in his low back, with radiating pain to his left calf, with numbness and tingling in less intensity. His pain was not rated. Range of motion was painful and decreased. Straight leg raise test was positive on the left and Lasegue sign was positive. Hypoesthesia was noted in the left L4 dermatome. Paravertebral trigger points were noted over the L4-5 and L5-S1 levels. Medication use included Flexeril, Naproxen, and Prilosec. The treatment plan included in-office steroid injections to the low back x2. His work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-office steroid injections to the low back, quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant already received epidural injections a few months prior indicating need for continued interventions for back pain and short term relief. Therefore the request for lumbar trigger point injection is not medically necessary.