

Case Number:	CM13-0007569		
Date Assigned:	03/21/2014	Date of Injury:	06/12/2001
Decision Date:	05/12/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, myofascial pain syndrome, and chronic pain syndrome reportedly associated with an industrial injury of June 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; trigger point injection therapy; lumbar fusion surgery; and epidural steroid injection therapy. In a Utilization Review Report of July 26, 2013, the claims administrator approved trigger point injections to the left quadratus lumborum while denying fluoroscopic guidance. The applicant's attorney subsequently appealed. On February 4, 2013, the claims administrator approved sacroiliac joint injection therapy. On January 3, 2014, the applicant reported persistent back pain. Repeat trigger point injections and SI joint injections were sought while the applicant was asked to continue Soma, Colace, Elavil, and Lyrica. These and other progress notes were sparse, handwritten, not entirely legible, and difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPIC GUIDANCE FOR CERTIFIED TRIGGER POINT INJECTIONS:

Upheld

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

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

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are indicated in the treatment of chronic neck and/or low back pain imputed to myofascial pain syndrome in individuals in whom medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants have been tried and failed. The MTUS does not establish any role for fluoroscopic guidance along with trigger point injections on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines and further notes that steroids should typically not be added to the trigger point injection, which should comprise solely of a local anesthetic. Therefore, the request for fluoroscopic guidance along with the proposed trigger point injection is/was not medically necessary here. Therefore, the request for Fluoroscopic Guidance is not medically necessary and appropriate.