

Case Number:	CM13-0007623		
Date Assigned:	11/20/2013	Date of Injury:	06/18/2004
Decision Date:	01/29/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a represented sheriff who has filed the claim for chronic mid-back pain, chronic pain syndrome, and chronic low back pain reportedly associated with cumulative trauma at work first claimed on June 18, 2004. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; prior lumbar laminectomy; a lumbar support; short-acting opioids, and muscle relaxants. The patient's care has apparently been complicated by duodenal ulcer disease, which has apparently precluded usage of NSAIDs. In a Utilization review report of July 29, 2013, the claims administrator denied the request for trigger point injections, citing non-MTUS ODG references. The patient's attorney later appealed. A later clinical progress note of September 26, 2013 is notable for comments that the applicant reports persistent neck and mid-back pain. The patient is having numbness about the bilateral hands, 8/10. The applicant is using Percocet for pain relief but reports incomplete analgesia through usage of the same. The applicant is described as having 5/5 upper extremity strength with strong and symmetric grip strength. She has positive straight leg rising about the lumbar spine with an antalgic gait. Lower extremity strength ranges from 4-5/5, although it is noted that the applicant is status post total knee arthroplasty. The applicant does have some tenderness over the sub occipital region and paravertebral regions. An earlier note of July 22, 2013 is notable for comments that the applicant has persistent low back pain shooting into bilateral thighs and 9/10 neck pain. She is status post epidural steroid injection therapy, it is noted. She exhibits reported spasm about the thoracolumbar musculature and upper trapezius musculature. Both cervical epidural steroid injection and trigger point injection therapy are sought. An earlier progress note of June 10, 2013 is notable for comments that "cervical triggers" are of "no help."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbo-thoracic Trigger point injection: 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 Page(s): 122.

Decision rationale: 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 (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; (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.