

Case Number:	CM13-0012501		
Date Assigned:	09/18/2013	Date of Injury:	04/09/2001
Decision Date:	08/13/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/13/2013

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 57-year-old female who reported an injury on 04/09/2001. The mechanism of injury was noted to be bending, turning, and attempting to straighten. Her prior treatments were noted to be medications, physical therapy, aqua therapy, and trigger point injections. The injured worker's diagnoses were noted to be lumbosacral degenerative disc disease, lumbosacral neuritis, coccydynia and status post L4-5 fusion. The most recent evaluation submitted with this review is dated 06/26/2013. The injured worker complained of ongoing pain and physical impairment of her lower back and lower extremities. She noted pain wakes her in the night and prevents her from completing activities of daily living. The physical examination noted normal findings. No focal neurologic findings. The recommendations included medications for upper gastrointestinal tract, as well as medications to decrease reliance on anti-inflammatory medications. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR ONE TRIGGER POINT INJECTIONS 10CC
DEXTROSE 50% AND KENALOG 40MG/ML: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 73, Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand Complaints.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. The guidelines also state that trigger point injections have limited lasting value. They are not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for nonresolving trigger points, but the addition of a corticosteroid is not generally recommended. Trigger point injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. They are not recommended for typical back pain or neck pain. The most recent clinical information provided with the review does not indicate trigger point pain or myofascial pain. The injured worker has a history of trigger point injections therapeutically without any documented efficacy. The request fails to provide a location for the injection. There is no documentation provided of evidence upon palpation of a twitch or any referred pain; such symptoms would need to persist for more than 3 months to meet the criteria for the guidelines recommendation. Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants would need to be documented as failed to control pain. Radiculopathy should not be present by exam, imaging, or neuro testing. No more than 2 to 3 injections per session and no repeat injections unless greater than 50% pain relief was obtained for the 6 weeks after the injection was given with documented evidence of functional improvement. Due to a lack of documentation to meet the criteria for trigger point injections the injured worker does not have a medical necessity for the request. Therefore, the prospective request for 1 trigger point injection 10 cc dextrose 50% and Kenalog 40 mg/mL is not medically necessary and appropriate.