

Case Number:	CM13-0014254		
Date Assigned:	03/10/2014	Date of Injury:	06/13/2010
Decision Date:	05/02/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/20/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 06/13/2010 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included epidural steroid injections, physical therapy, activity modifications, and medications. The injured worker underwent an electrodiagnostic study in 09/2010 that was positive for radiculopathy. The injured worker was evaluated on 07/15/2013. The physical evaluation documented that the patient had a positive right-sided straight leg raising test with motor strength weakness to the extensor hallucis longus musculature of the right side, an inability to make the right-sided toe rise suggesting weakness in the L5 dermatome. It is documented that the patient had palpable tenderness throughout the thoracolumbar spine with frank tightness. The injured worker's most recent evaluation on 12/20/2013 documented that the injured worker had continued low back pain that radiated into the lower extremities which caused weakness. The injured worker's diagnoses included cervicalgia, lumbago, thoracic or lumbosacral neuritis. A treatment recommendation was made for trigger point injections of the lumbar spine to possibly decrease back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 122.

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

Decision rationale: California Medical Treatment and Utilization Schedule recommends trigger point injections for patients who have palpable trigger points with a twitch response upon physical examination. The clinical documentation does indicate that the injured worker has tenderness to palpation throughout the thoracic and lumbar musculature. However, there were no specific trigger points identified upon examination. Additionally, California Medical Treatment and Utilization Schedule does not recommend trigger point injections when there is the presence of radiculopathy. The clinical documentation submitted for review does provide evidence that the patient has physical manifestations of radiculopathy in addition to a prior electrodiagnostic study that was positive for L5-S1 radiculopathy. Therefore, trigger point injections would not be supported. As such, the requested trigger point injections for the lumbar spine are not medically necessary or appropriate.