

Case Number:	CM13-0015219		
Date Assigned:	03/26/2014	Date of Injury:	01/02/2009
Decision Date:	04/30/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/22/2013

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 has filed a claim for chronic low back pain, headaches, facial pain, and myofascial pain syndrome reportedly associated with an industrial injury of January 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; aquatic therapy; and psychotropic medications. On May 3, 2013, the applicant was given diagnoses of lumbar radiculitis, headaches, facial pain, myofascial pain, and fibromyalgia. There were some non-organic components to the applicant's symptoms, it was stated. Overall level of pain was 6/10. The applicant was described as having diminished strength about left upper extremity and left lower extremity scored at 4/5 versus 5/5 about the right. There was also evidence of altered sensorium about the left side with positive straight leg raising on the left. The applicant is status post spinal surgery, it is noted. A March 12, 2013 note is notable for comments that the applicant is off of work, on total temporary disability. The applicant was described on March 4, 2013 as having a largely negative lumbar MRI with no evidence of neurologic compromise. The applicant was reportedly depressed and was given a prescription for Cymbalta for the same. Another note of May 31, 2013 is again notable for comments that the applicant reports persistent low back pain radiating to left leg. Weakness was appreciated about the same on exam. The applicant was described as reporting heightened complaints of depression on July 26, 2013. The applicant was again described as having 4/5 left upper extremity and left lower extremity strength on this date. Tight muscle bands were noted about the cervical paraspinal region. The applicant was asked to pursue trigger point injection therapy. Cymbalta, Zanaflex, Lodine, and Nucynta were endorsed. The applicant was described as likely having fibromyalgia, unrelated to the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF 3 TRIGGER POINT INJECTIONS FOR THE LUMBAR SPINE: Upheld

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

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 recommended for myofascial pain, with limited lasting value. Trigger point injections are not recommended for radicular pain. In this case, various etiologies for the applicant's pain have been postulated. There is some element of radicular pain present. The applicant is consistently described as having low back pain radiating to left leg with attendant left lower extremity weakness and hyposensorium noted about the same. The applicant is status post earlier spine surgery. The applicant also has some depressive element to her complaints. Given the lack of diagnostic clarity, the suspected diagnosis of psychogenic pain and/or radicular pain, and the tepid-to-unfavorable MTUS recommendation, the request is not certified, on Independent Medical Review.