

Case Number:	CM13-0015838		
Date Assigned:	06/06/2014	Date of Injury:	06/19/2012
Decision Date:	07/11/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 employee is a 34-year-old gentleman who sustained a work-related injury on June 19, 2012. The medical record does not state the specific mechanism of injury. Recent medical examination, dated July 16, 2013, stated the injured employee complained of low back pain. Previous treatment has included acupuncture with no significant improvement in the back but some improvement of the right leg. A prior prescription of prednisone did not provide any improvement. The physical examination on this date noted tenderness along the lumbar paraspinal muscles and decreased lumbar range of motion. There was a positive right sided straight leg raise with mild paresthesias at the posterior thigh. There was a diagnosis of a lumbar strain with mild fascial pain and probable lumbar degenerative disc disease. The treatment plan on this date included trigger point injections, Tramadol, Flexeril, continued acupuncture, and continued participation in the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS, QUANTITY 3 TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines specifically recommend, that in order to proceed with trigger point injections, that there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. The physical examination in the attached medical record does not describe specific trigger points identified on physical examination nor is it stated that there has been failure of the injured employee to improve with physical therapy, anti-inflammatory medications, muscle relaxants and ongoing stretching exercises. The medical note, dated July 16, 2013, specifically recommends continued participation in home exercise, and Flexeril is continued to be prescribed. Therefore, the request for trigger point injection, quantity 3 to the lumbar spine is not medically necessary and appropriate.