

Case Number:	CM13-0016801		
Date Assigned:	04/07/2014	Date of Injury:	02/14/2009
Decision Date:	04/22/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 & Rehabilitations, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 35-year-old female who reported an injury on 02/14/2009. The mechanism of injury was noted to be the patient was helping a resident that was going to the bathroom. When the resident pulled himself up the wheelchair the resident's legs gave way and the resident fell. The patient tried to pick the resident up but could not do so. The patient held the resident for approximately 5 to 8 minutes until help arrived. Documentation of 08/06/2013 revealed that the patient was requesting additional trigger point injections as they were noted to be helpful in relieving the lumbar paraspinal myofascial pain. The request was made for trigger point injections. The objective examination revealed the patient had taught bands with twitch responses of the lumbar paraspinal muscles. The documentation submitted in appeal revealed that the patient had taught bands with twitch responses of the lumbar paraspinous muscles. The patient's diagnoses were noted to include low back pain and postlaminectomy syndrome of the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE LUMBAR PARASPINOUS #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRIGGER POINT INJECTIONS Page(s): 121, 122.

Decision rationale: California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the patient had a twitch response; however, there was lack of documentation of referred pain. Additionally, there are no repeat injections unless there is greater than 50% relief for 6 months after an injection and there is documented evidence of objective functional improvement. The clinical documentation submitted for review failed to provide when the last trigger point injection was. Additionally, there was a lack of documentation of the above requirements. Given the above, the request for trigger point injections to the lumbar paraspinous #4 is not medically necessary.