

Case Number:	CM13-0021141		
Date Assigned:	11/08/2013	Date of Injury:	11/22/2010
Decision Date:	01/16/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and 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 physician 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 27-year-old female who reported an injury on 11/22/10. The patient has a history of low back pain. The patient reported that her current pain radiated to the right thigh. On exam, the patient had tenderness to palpation with trigger points with a twitch response upon palpation

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 right low back(as well as office visits to administer the injections): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state that trigger point injections are recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Other qualifications include: symptoms that have persisted for more than three months; medical management therapies such as ongoing stretching

exercises, physical therapy, NSAIDs and muscle relaxants having failed to control pain; no radiculopathy. There should not more than 3-4 injections per session; 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; frequency should not be at an interval less than two months; and trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The documentation submitted for review indicates that the patient has trigger points in the lumbar spine with a twitch response upon palpation. The patient has had chronic low back pain for more than 3 months that has been unresponsive to conservative measures. Radiculopathy is not present on physical examination, and there is no history of prior trigger point injections. Therefore, the request for trigger point injections to the right low back with an office visit to administer said injections is certified at this time.