

Case Number:	CM13-0021758		
Date Assigned:	12/11/2013	Date of Injury:	09/14/1995
Decision Date:	05/13/2014	UR Denial Date:	08/09/2013
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 and Pain Medicine, 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 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 injured worker is a 61-year-old female who reported an injury on 09/14/1995. The mechanism of injury was not provided. The progress report dated 07/22/2013 indicated the injured worker had recently been hospitalized due to congestive heart failure and COPD. It was noted the injured worker was having a lot of swelling in her legs. It was noted the injured worker had trigger points in the neck and upper back. The injured worker reported back pain to the lumbar spine and described it as aching. The injured worker reported sciatica bilaterally that she described as aching. The injured worker reported bilateral foot pain. The injured worker reported her pain level to be at a 7/10. Upon examination, there was tenderness to the trapezii area, facet joints, and cervical paraspinals to palpation. Range of motion of the cervical spine caused increased pain. Bilateral upper extremities were stable and within normal limits. The bilateral lower extremities had noted swelling. On palpation of the lumbar spine there was tenderness midline, paraspinal muscles, and lower lumbar paraspinal muscles. There was tenderness to the bilateral paralumbar muscles. There was increased pain with range of motion. Diagnoses provided were lumbago, low back pain; cervical pain/cervicalgia; myofascial pain syndrome/fibromyalgia. The physician noted that the injured worker presented with myofascial pain syndrome. The physician noted he felt the injured worker would benefit from trigger point injections. Medications included lorazepam 0.5 mg 3 times daily, MS-Contin 60 mg every 8 hours, MSIR 15 mg capsule, Effexor 75 mg daily, Lyrica 50 mg twice daily, and Spiriva HandiHaler 18 mcg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 TRIGGER POINT INJECTION X 6: 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: The request for L3-S1 trigger point injection times 6 is non-certified. The California MTUS guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome; not recommended for radicular pain. The criteria for 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 3 months. Medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDS, and muscle relaxants have failed to control pain. Radiculopathy is not present. The records submitted for review failed to include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The records submitted for review failed to include documentation that symptoms have persisted for more than 3 months. The records submitted for review failed to include documentation of ongoing stretching exercises, physical therapy, NSAIDS and muscle relaxants that have failed to control the pain. As such, the request for L3-S1 trigger point injection times 6 is not supported. Therefore, the request is non-certified.