

Case Number:	CM13-0030276		
Date Assigned:	12/18/2013	Date of Injury:	06/30/2011
Decision Date:	01/31/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 Geriatrics and is licensed to practice in New York, Pennsylvania and Washington. 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:

At issue in this review are ultrasound guided trigger point injections to lumbar paraspinal muscles bilaterally once a week for 5 weeks. The injured worker is a 35 year old woman with an injury on 6/30/11. She developed low back pain after breaking down the bed when preparing the delivery room for her patient. Initial diagnoses were lumbosacral strain, myospasm and degenerative joint disease. Records include documentation of multiple MD visits, radiologic studies. Her back pain was characterized as mild and chronic. The most recent follow-up evaluations include a visit on 9/26/12 indicates that she has low back and right hip pain and that she has been compliant with therapy including acupuncture and medications. Her symptoms are described as mild and affecting work. Her physical exam noted normal back mobility and normal gait. She had tender deep lumbosacral muscles on palpation. The remainder of her musculoskeletal exam was normal. The diagnosis was lumbar sprain and strain. An MRI of 8/21/13 showed annular disc bulge at L4-5 with central radial tear/fissure but no stenosis or nerve impingement. An orthopedic surgery evaluation suggested treatment for chronic pain. Other pain modalities that were used included acupuncture, chiropractic care, physical therapy, TENS unit, medications (hydrocodone / APAP and tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDED TRIGGER POINT INJECTIONS TO LUMBAR PARASPINAL MUSCLES BILATERALL ONCE A WEEK X 5 WEEKS: Upheld

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

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

Decision rationale: In the case of this injured worker, her back pain has been classified as lumbar sprain and strain. The treating physicians do not document trigger points upon their exam. Her function is not impaired significantly and she has normal gait and back mobility. She is able to work and care for her child with no physical exam documentation of functional limitation. The trigger point injections are not medically necessary based upon the criteria described in the MTUS. Per the MTUS, Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended.