

Case Number:	CM13-0036244		
Date Assigned:	12/13/2013	Date of Injury:	08/19/2009
Decision Date:	02/14/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in 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 55-year-old female with date of injury of 08/19/2009. The progress report dated 09/11/2013 reported that the patient's diagnosis as chronic low back pain. The patient presented with increased low back pain. Exam findings included tenderness in the low back. The request was made for injection of Kenalog and Marcaine into the muscles in the lumbar spine. The progress report on 10/11/2013 indicates that the patient has had trigger point injections in the past that have been helpful. The utilization review letter dated 09/27/2013 denied the trigger point injections as there was no documentation identifying any specific muscle trigger points with positive jump sign or twitch sign that should be isolated to substantiate the need for the request of injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections of Marcaine and Kenalog in bilateral lumbar spine x 4 and bilateral low back and hip x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Discussion regarding the trigger point injection with Marcaine and Kenalog injection in the lumbar spine. The patient continues with chronic low back pain. The progress reports on 09/11/2013 and 10/11/2013 from [REDACTED] indicate the patient has had trigger point injections in the past that have been helpful. Exam findings do not indicate specific locations of trigger points or positive jump sign or twitch sign. MTUS page 122 regarding trigger point injections has the following criteria requirement for performing trigger point injections: 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 3 months. 3. Medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. 4. Radiculopathy is not present. 5. Not more than 3 to 4 injections per session. 6. No repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. The records appear to indicate that the patient has had previous injections. The current request does not include exam findings to show that the patient is having a positive twitch response. Also, no documentation was provided by the treater to suggest that the patient had greater than 50% pain relief for 6 weeks or more with prior injections. Therefore, recommendation is for denial.