

Case Number:	CM13-0037047		
Date Assigned:	12/13/2013	Date of Injury:	09/25/2012
Decision Date:	02/04/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 43-year-old male who reported an injury on 09/25/2012 with the mechanism of injury being that the patient was involved in a motor vehicle accident. The patient was noted to have tenderness in the paraspinal muscles, iliolumbar and sacroiliac regions. The patient was noted to have trigger points that were identified with muscles nodules and taut bands. The palpation of the areas referred the pain outward and created a positive twitch response. The patient's diagnoses were noted to include lumbar strain with myofascial pain. The request was made for trigger point injections times 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) trigger point injections: Upheld

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 Trigger Point Injections Section.

Decision rationale: The California MTUS Guidelines indicate that trigger point injections are for myofascial pain syndrome. They indicate that trigger point injections are recommended when the patient has 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 therapies, such as ongoing stretching exercises, physical therapy, NSAIDS and muscle relaxants, have failed to control pain; when radiculopathy is not present by exam; and that no more than 3 to 4 injections are administered per session. The clinical documentation submitted for review indicated that the patient was receiving acupuncture treatments and had medications of Mobic, Ultram and Flexeril. The patient was noted to have tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions, greater on the left side; and palpation of these areas referred pain outward and created a positive twitch response. The patient was noted to have trigger points identified with muscle nodules and taut bands. There was a lack of documentation indicating circumscribed trigger points as far as which muscles were noted to have trigger points and had referred pain as well as twitch responses. There was a lack of documentation of the patient's response to the medications and that they had failed to control pain. Additionally, there was a lack of documentation indicating the placement of the trigger point injections. Given the above, the request for trigger point injections is not medically necessary.