

Case Number:	CM13-0039811		
Date Assigned:	12/20/2013	Date of Injury:	06/14/2005
Decision Date:	10/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 expert 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on June 14, 2005. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity with numbness in the toes. The physical examination demonstrated an antalgic gait favoring the left lower extremity. There was decreased lumbar spine range of motion with tenderness over the paraspinal muscles and the SI joints. There was a positive pelvic compression test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery, trigger point injections, physical therapy, and epidural steroid injections. A request had been made for trigger point injections along the lumbar spine paraspinal muscles and was not certified in the pre-authorization process on October 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS (B) PARASPINAL MUSCLES TIMES 6 AT L4-L5-S1 AND PARASPINALS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122 of 127..

Decision rationale: MTUS Guidelines support trigger point injections only for myofascial pain syndromes presenting with a discrete focal tenderness. This treatment modality is not recommended for radicular pain. The criteria required for the use of trigger point injections require documentation of circumscribed trigger points with evidence of a twitch response upon palpation, symptoms that have persisted more than 3 months and failure to respond to conservative medical management therapies. The record does not provide sufficient clinical documentation of a twitch response, or persistent symptoms and failure to respond to conservative modalities initiated for the management of this specific diagnosis. Furthermore, there are subjective complaints of a radiculopathy. For these reasons, the request is not medically necessary.