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| Case Number: | CM13-0046728 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/30/2011 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/01/2013 |

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, Pain Management 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 records indicate the patient continues with low back pain with radiating symptoms into the left lower extremity. The treating physician reports that the patient had responded well with greater than 50% relief to prior trigger point injections of unknown date that lasted for more than 6 weeks. MTUS page 122 regarding trigger point injections require documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The treating physician failed to document any physical exam findings of trigger points with evidence of twitch response as well as referred pain. MTUS further states that radiculopathy should not be present by exam, imaging, or neuro testing. The records appear to indicate the patient continues with radicular symptoms into the left lower extremity. Request for the four trigger point injections in the lumbar spine does not appear to be supported by the guidelines as noted above. Therefore, recommendation is for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Triggers Point Injections to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints..

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

Decision rationale: The records indicate the patient continues with low back pain with radiating symptoms into the left lower extremity. The treating physician reports that the patient had responded well with greater than 50% relief to prior trigger point injections of unknown date that lasted for more than 6 weeks. MTUS page 122 regarding trigger point injections require documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The treating physician failed to document any physical exam findings of trigger points with evidence of twitch response as well as referred pain. MTUS further states that radiculopathy should not be present by exam, imaging, or neuro testing. The records appear to indicate the patient continues with radicular symptoms into the left lower extremity. Request for the four trigger point injections in the lumbar spine does not appear to be supported by the guidelines as noted above. Therefore, recommendation is for denial.