

Case Number:	CM13-0048801		
Date Assigned:	12/27/2013	Date of Injury:	11/21/2012
Decision Date:	03/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/06/2013

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 Texas. 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 48 year old male who reported injury on 11/21/2012. The mechanism of injury was noted to be the patient was transferring a 50 pound bag of flower on to a pallet. Recent clinical documentation indicated that the patient had exquisite tenderness to palpation over the left lumbar paraspinals and left gluteus medius muscle and palpation of these muscles produced a positive twitch response with referred pain. The patient was also point tender over the left lower lumbar facets. The patient had been treated with physical therapy and a medial branch block on the left L4-5 and L5-S1 with an atypical response. For the first hours after the block the patient had no relief but then for the next 3 days he had excellent relief of pain. The physician opined that the myofascial pain was relieved due to penetrating needles and residual local anesthetic through the tract. The most recent progress report dated 10/08/2013, however, revealed that the patient had palpable guarding around the lumbar paraspinals and the gluteus medius muscles. The patient had positive facet loading maneuvers on the left. The patient's diagnoses were noted be overlying myofascial pain and axial low back pain, likely facetogenic versus discogenic. The request was made for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 trigger point injections for the lumbar spine: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that trigger point injections can be used when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain and the symptoms have lasted for more than 3 months. There should be documentation that medical management therapies that have failed to control pain including exercise, physical therapy, NSAIDs, and muscle relaxants and it should be indicated that radiculopathy by examination was not present. The clinical documentation submitted for review per the most recent note of 10/08/2013 failed to indicate the patient had circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The patient was noted to have facet loading pain. Given the above, the request for 2 trigger point injections for the lumbar spine is not medically necessary.