

Case Number:	CM13-0052685		
Date Assigned:	02/07/2014	Date of Injury:	05/13/2003
Decision Date:	05/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Spine Surgery, 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 injured worker is a 42-year-old male who reported an injury on 05/13/2003. The injury reportedly occurred when the injured worker was holding a drink in his hand, which slipped, and he reflexively tried to catch it; the sudden motion from this incident caused immediate pain to his low back. His diagnoses included lumbar spine degenerative disc disease, lumbar spine myofascial pain, and sacroiliac syndrome. At a 09/27/2013 office visit, the injured worker reported low back pain aggravated by walking or standing for moderate durations. His physical examination findings included tenderness to palpation over the bilateral sacroiliac joints, positive bilateral Faber's, Fortin's, Gaenslen's, and Ober's tests. He was also noted to have exquisitely tender myofascial trigger points in the lumbar paraspinal muscles, on the left greater than the right, as well as right gluteal myofascial trigger points. A request was submitted on 09/27/2013 for bilateral sacroiliac joint block injections and bilateral lumbar myofascial trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SACROILIAC JOINT BLOCK INJECTIONS #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), HIP & PELVIS, SACROILIAC JOINT BLOCKS.

Decision rationale: According to the Official Disability Guidelines, sacroiliac joint blocks may be recommended after the failure of at least 4 to 6 weeks of aggressive conservative therapy when the history and physical suggest the diagnosis with at least 3 positive orthopedic tests suggestive of sacroiliac joint dysfunction and when other pain generators have been addressed. The clinical information submitted for review indicated that the injured worker previously had findings suggestive of sacroiliac joint dysfunction at an 09/27/2013 office visit including tenderness to palpation of the bilateral sacroiliac joints and positive Faber's, Fortin's, Gaenslen's, and Ober's tests. However, the most recent clinical note dated 12/20/2013 failed to provide any evidence of sacroiliac dysfunction. In the absence of a history and physical suggestive of the diagnosis, the request for sacroiliac blocks is not supported. As such, the request for BILATERAL SACROILIAC JOINT BLOCK INJECTIONS #2 is non-certified.

BILATERAL LUMBAR MYOFASCIAL TRIGGER POINT INJECTIONS #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: According to the California MTUS Guidelines, repeat trigger point injections are not recommended unless there is evidence of at least 50% pain relief for at least 6 weeks following previous injections with documentation of functional improvement. The Guidelines also indicate that the frequency should not be an interval less than 2 months. The clinical information submitted for review indicated that the injured worker received bilateral lumbar myofascial trigger point injections times 6 on 12/09/2013. The most recent clinical note provided indicated that the injured worker reported a 60% to 70% relief of symptoms following this treatment. The physical examination indicated that myofascial trigger points were noted in the lumbar paraspinal muscles immediately adjacent to the surgical scar left greater than right with reproduction of pain and a twitch response upon deep palpation. Therefore, a recommendation was made for another round of myofascial trigger point injections. However, there was no documented evidence of functional improvement following the trigger point injections and, as no records were submitted after the 12/20/2013 visit, it is unclear whether the injured worker had more than 50% pain relief for 6 weeks. Based on the above, the injured worker does not meet the criteria for repeat trigger point injections at this time. As such, the request for BILATERAL LUMBAR MYOFASCIAL TRIGGER POINT INJECTIONS #6 is non certified.