

Case Number:	CM13-0053714		
Date Assigned:	02/14/2014	Date of Injury:	05/17/2012
Decision Date:	07/25/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 5/17/12. A utilization review determination dated 11/11/13 recommends non-certification of trigger point injections. 10/25/13 medical report identifies back pain. On exam, there are palpable trigger points in the right lumbar paraspinals and right gluteus medius muscle with referred pain down the lateral thigh. SLR is negative. Flexion, adduction, and external rotation reproduce the right buttock pain. He recently was having some severe right leg symptoms and an MRI was said to show severe neural foraminal stenosis at L5-S1. 8 PT sessions took away the right leg pain. He had a number of medial branch blocks and rhizotomy a number of years ago with some benefit. Medial branch blocks were requested and the provider notes that they have not yet heard back regarding that. Since they have not been able to get him in for medial branch blocks, the provider would like to try trigger point injections. He has a palpable taut band and a referral pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE TRIGGER POINT INJECTIONS TO THE LOW BACK: Overturned

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

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

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. These are defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Additional criteria include: Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing). Within the documentation available for review, there are trigger points on exam, chronic pain, failure of conservative treatment, and a normal neurological exam. In light of the above, the requested trigger point injections are medically necessary.