MAXIMUS Federal Services

Case Number:	CM13-0055974		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2011
Decision Date:	03/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

This is a 65-year-old female patient who reported an injury on 07/29/2011 and the mechanism of injury was that the patient was involved in a motor vehicle accident. On physical examination 10/09/2013, the treating physician noted that the patient's pain level was getting worse. The pain was in the bilateral low back and occasionally radiated to the lower extremities. Also, on the examination there was positive straight leg raising in the seated position more on the right side. There was a positive straight leg raise in the supine position bilaterally. There was a positive Faber test bilaterally, localized pain along with tightness of muscle and tendon. The patient reported that the medications were ineffective. The patient also reported more pain and stiffness and felt a spasm in the lumbar area. Also due to the exacerbation of the pain, muscle spasm and stiffness in the back, the patient's activities of daily living and driving were affected. Other therapies included past injections which the patient indicated improvement and reduction in spasms and stiffness in the back. The diagnosis was lumbago and the request is for trigger point injections 1 session weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, weekly for six weeks: Upheld

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

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

Decision rationale: The California MTUS Guidelines state TPI injections are "Recommended only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain and for typical back pain or neck pain." The request for the trigger point injections weekly for 6 weeks is non-certified. On physical exam 02/06/2013, subjectively the patient reported frequent and slight low back pain becoming moderate with more than 10 to 15 minutes of stationary standing or sitting, lifting and carrying over 15 pounds, and prolonged repetitive or deep bending or with continuous walking for periods exceeding 15 minutes associated with shooting pains to lateral hips and legs with occasional shooting thoracolumbar pain that would occasionally awaken her at night. The patient reported neck pain had resolved within 6 weeks of the accident. The objectively at L1, L2, and L3 there was an intervertebral disc narrowing with desiccation and adjacent Modic endplate changes with right L5-S1 facet hypertrophy and joint effusion. There was tenderness at the lumbosacral spine. Also, reported was limited lumbar range of motion with maximal true lumbar flexion of 34 degrees, maximum sacral flexion angle of 32 degrees, maximal true lumbar extension of 10 degrees, true sacral extension angle of 15 degrees, maximal true right and left lateral lumbar flexion of 26 degrees/32 degrees, and painful lumbar twisting. In addition, objectively there was no evidence of CRPS. Given that the California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome and the treating physician is yet to complete diagnostic and imaging studies; as well as, no objective findings of CRPS, the request is non-certified.