

Case Number:	CM13-0057065		
Date Assigned:	12/30/2013	Date of Injury:	01/02/2009
Decision Date:	08/08/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine, 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:

The injured worker is a 32-year-old with date of injury of January 9, 2009, with related lower back pain. According to a progress report dated November 5, 2013, he also reported bilateral posterolateral lower extremity pains which continued to be worse with bending, lifting, sitting or standing for extended periods and lying down for extended periods. He rated his pain as 4/10 in intensity. It was noted that he had muscle spasms which were well controlled with spinal cord stimulator. Per physical exam, there was tenderness with palpation over the bilateral lumbar paraspinal musculature, trigger points were noted over taut bands in the bilateral erector spinae with a twitch response noted on palpation. He was status post anterior L5-S1 fusion surgery. MRI of the thoracic spine dated June 26, 2013 was unremarkable. Treatment to date has included physical therapy, spinal cord stimulator, chiropractic manipulation, surgery, and medication management. The date of UR decision was November 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral trigger point injection to both erector spinae under ultrasound: Overturned

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

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

Decision rationale: With regard to trigger point injections, the Chronic Pain Medical Treatment Guidelines states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than three to four injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical records submitted for review indicate that the injured worker meets the criteria for the use of trigger point injections. I respectfully disagree with the UR physician's assertion that there must be documentation of an exercise/rehabilitation program to be done in conjunction with trigger point injections. As per citation above, this is not a criteria. Therefore, the request for a bilateral trigger point injection to both erector spinae under ultrasound is medically necessary and appropriate.