

Case Number:	CM13-0057278		
Date Assigned:	12/30/2013	Date of Injury:	09/10/2013
Decision Date:	05/22/2014	UR Denial Date:	11/19/2013
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 Orthopedic Surgery 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 claimant is a 59-year-old female who sustained an ankle sprain and low back pain on September 10, 2013. The clinical records provided for review included a December 10, 2013 assessment describing a sprain to the ankle as well as a sprain to the lumbar spine. Objectively, the examination noted full range of motion of the lumbar spine, with no documentation of specific examination findings pertaining to the ankle. The assessment documented that the recent care had included acupuncture, physical therapy, immobilization, foam roller, and home exercises. Given the claimant's continued complaints of pain, particularly to the foot and ankle, recommendations were for a series of trigger point injections to the claimant's low back related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE (3) TRIGGER POINT INJECTIONS FOR THE THORACIC SPINE AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The Chronic Pain Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value, but are they are not recommended for radicular pain. The Guidelines also indicate that 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 and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 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; and (8) Trigger point injections with any substance, such as saline or glucose other than local anesthetic with or without steroid are not recommended. The documentation provided for review does not support a clinical picture of acute finding of trigger point. There is no documentation of circumscribed triggering on examination, with a twitch response. When taking this into consideration with the claimant's current clinical picture and the Guidelines, the trigger point injections being requested would not be supported.