

Case Number:	CM13-0057654		
Date Assigned:	01/03/2014	Date of Injury:	08/24/1997
Decision Date:	08/01/2014	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 Anesthesiology and Pain Medicine 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 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 57-year-old female who reported an injury on 08/24/1997, due to an unknown mechanism of injury. The injured worker complained of low back pain. On 11/11/2013, the physical examination revealed tenderness to palpation of the thoracic paraspinous muscles bilaterally. There were no diagnostic studies submitted for review. The injured worker had diagnoses of myofascial pain syndrome, sacroiliitis, post laminectomy of lumbar region, lumbar disc degeneration, and lumbar spinal stenosis. There was no documentation of past treatment methods. The injured worker was on the following medications, acetaminophen-tramadol 37.5/325 mg, acyclovir 400 mg, estradiol 0.5 mg, gabapentin 300 mg, Lidoderm 5% topical film, meloxicam 15 mg, Mobic 15 mg, and Norco 10/325 mg. The current treatment plan is for trigger point injections. There was no rationale or request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections: Upheld

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: The request for trigger point injections is not medically necessary. The injured worker has a history of low back pain. The CA MTUS guidelines state that trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. 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, the documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; 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; frequency should not be at an interval less than two months; trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There is no documentation of circumscribed trigger points. There is a lack of documentation of physical therapy, and the success or failure of NSAIDs and muscle relaxants. The documentation stated that the injured worker is receiving bilateral sacroiliac joint injections as of 10/10/2013 with 80% pain relief. However, there was no documented evidence of functional improvement. Given the above, the request for trigger point injections is not medically necessary.