MAXIMUS Federal Services

Case Number:	CM13-0058873		
Date Assigned:	12/30/2013	Date of Injury:	06/11/1999
Decision Date:	08/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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 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:

This is a 65year old male injured worker with a date of injury on 6/11/99, with related low back and neck pain. Per a progress report dated 11/4/13, physical exam findings include tenderness at C4, C5, and C6, paraspinal spasm, and trigger points in the trapezius were noted. An exam of the lumbar spine, noted tenderness at L4 and L5, paraspinal spasm was noted bilaterally, trigger points at L4, L5, sciatic R and sciatic L were noted. X-ray of the lumbar spine dated 10/30/13 revealed slight loss of height of the L3-L4 disc probably related to degenerative disc disease. Mild hypertrophic degenerative changes of the margins of the lumbar vertebra consistent with lumbar spondylosis. Facet arthropathy was present at the L5-S1 level, left greater than right. Treatment to date has included physical therapy, injections, H-Wave stimulation, and medication management. The date of UR decision was 11/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO TRIGGER POINT INJECTIONS: 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: MTUS Chronic Pain Medical Treatment Guidelines states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. 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; (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 do not contain documentation of circumscribed trigger points with positive trigger response and referred pain. As such, the request is not medically necessary.

ULTRASONIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page(s).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.