

Case Number:	CM13-0061362		
Date Assigned:	06/09/2014	Date of Injury:	04/05/2012
Decision Date:	10/02/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/21/2013

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 Arizona. 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 60-year-old female with a date of injury on 4/5/2012. Progress note dated 9/11/2013 states that the patient is unchanged since her last visit. Her activity level remains the same. She states that medications are working well and she has no side effects. She received 1 week of pain relief from previous trigger point injections and she uses Norco as needed. Physical examination reveals straightening of the normal lumbar lordosis with restricted range of motion of the lumbar spine due to pain. She has paravertebral muscle spasm, tenderness, and tight muscle bands on both sides of the midline. Facet loading is positive on both sides. Straight leg raise is positive on the left when in a sitting position at 90. She has trigger points with radiating pain and twitch response on palpation at the lumbar's paraspinal muscle on the left. There is a request for additional trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection at lumbar paravertebral level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The chronic pain guidelines state that trigger point injections are recommended only for myofascial pain syndrome. They have limited lasting value. They are not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch response to stimuli of the band. In this patient, the provider mentions that stimulating the trigger point causes radiating pain. The patient also has a diagnosis of lumbar radiculopathy. The chronic pain guidelines give 8 criteria for use of trigger point injections: 1 criterion is that radiculopathy is not present. The provider states in his progress report that the patient has lumbar radiculopathy. Another criterion is that there is 50% relief of pain for 6 weeks after the injection and that there is documentation of functional improvement. The provider states that the patient received relief of pain for one week and notes that her condition is unchanged from her previous visit 4 weeks ago. Finally, there has to be documentation that medical management therapies have failed to control pain. The provider states in his note that medications are working well and that the pain medication regimen is helpful to decrease patient's pain and increase function. Therefore, with the documentation provided, the medical necessity for trigger point injections has not been established.