

Case Number:	CM13-0062125		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2003
Decision Date:	06/24/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 01/03/2003 due to an unknown mechanism. The clinical note dated 12/14/2013 presented the injured worker with chronic low back pain. The injured worker's physical exam revealed right knee medial joint pain, crepitation with range of motion, low back pain, left lower extremity radiation, tenderness to palpation at the left piriformis sciatic notch. The MRI of the lumbar spine dated 09/11/2013 revealed a broad based disc protrusion at the L4-5 level, spinal canal narrowing as well as bilateral recess and neural foraminal narrowing, fusion at the L5-S1 level, with osseous hypertrophy at the left articular facets producing left neural foraminal narrowing. The injured worker's diagnoses were status post lumbar fusion, lumbar facet arthropathy, chronic low back pain, and lumbar facet syndrome. The provided recommended a trigger point injection. The Request for Authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Trigger Point Injection

Decision rationale: The request for a trigger point injection is non-certified. The ACOEM Guidelines do not recommend trigger point injections for treatment of low back disorders. The Official Disability Guidelines do not recommend trigger point injections in the absence of myofascial pain syndrome. The primary goal of trigger point therapy is the short term release of pain and tightness of the involved muscles in order to facilitate participation in an active rehabilitation program and restoration of functional capacity. The criteria for use of trigger point injections include documentation of a circumscribed trigger point with evidence upon palpation of a twitch response as well as referred pain. Symptoms that have persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAID), and muscle relaxants; radiculopathy is not an indication for a trigger point injection, no more than 3 to 4 injections per session, no repeat injections unless greater than 50% pain relief with reduced medications, frequency should not be at an interval less than 2 months, trigger point injections with any substance other than localized anesthetic with or without steroids are not recommended. There should be evidence of continued ongoing conservative treatment including home exercise and stretching, and if pain persists after 2 to 3 injections, the treatment plan should be re-examined as this may indicate an incorrect diagnosis. The included medical documents lack evidence of a twitch response as well as referred pain. There is lack of evidence of medical management therapy such as ongoing stretching exercises and physical therapy. The request does not include the amount of injections being requested or the site at which the injections are to be performed. Therefore, the request is not medically necessary and appropriate.