

Case Number:	CM13-0063874		
Date Assigned:	07/02/2014	Date of Injury:	02/24/2009
Decision Date:	07/31/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/10/2013

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 and Ohio. 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 49-year-old male who reported an injury on February 24, 2009. The mechanism of injury was not provided within the documentation. The injured worker's treatments were noted to be physical therapy, acupuncture, trigger point injections, and medications. The injured worker's diagnosis was noted to be cervical spine degenerative disc disease, cervical spine myofascial pain, lumbar spine degenerative disc disease, and lumbar spine myofascial pain. The injured worker had a clinical evaluation on December 3, 2013. The injured worker complained of lumbar spine pain. The injured worker also complained of significant pain in the left side of his neck and shoulder blade area. He described this pain as constant, burning, aching, worse with activity, and better with rest. The injured worker denied any shooting pain down his leg. The physical examination noted tender myofascial trigger points in the cervical paraspinals, as well as the periscapular muscles and trapezius. Deep palpation caused a twitch response, as well as radiation to go into the upper extremities. There was tenderness to palpation over the bilateral sacroiliac joint. The injured worker had positive FABER test, Fortin's finger test, and Gaenslen's test. In addition, there was tender myofascial trigger points noted in the bilateral gluteal myofascial region. Deep palpation produced symptoms causing a twitch response and radiation into the buttocks and legs. The treatment plan was to proceed with myofascial trigger point injections under ultrasound guidance in the cervical paraspinal and periscapular muscles. The injured worker will be scheduled for bilateral sacroiliac joint and gluteal myofascial trigger point injections. The provider's rationale for the requested joint block and trigger point injections are provided within the documentation dated December 3, 2013. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint block injection by fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint injections (SJI).

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states: invasive techniques (local injections and facet joint injections) are of questionable merit. The Official Disability Guidelines recommend sacroiliac joint blocks as an option only if failed at least four to six weeks of aggressive conservative therapy. There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment including exercise program, local icing, mobilization/manipulation, and anti-inflammatories; as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a 1st sacroiliac joint block. The injured worker's clinical evaluation dated December 3, 2013 does not indicate a failed aggressive conservative therapy including physical therapy, home exercise, and medication management. The documentation fails to provide an adequate pain assessment. The guidelines suggest that a diagnostic evaluation must first address any other possible pain generators before a sacroiliac block is recommended. The evaluation is lacking the criteria set by the guidelines for medical necessity. Therefore, the request for bilateral sacroiliac joint block injection by fluoroscopic guidance is not medically necessary or appropriate.

Bilateral gluteal myofascial trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: The request for bilateral gluteal myofascial trigger point injections is non-certified. The Chronic Pain Medical Treatment Guidelines recommend trigger point injections for myofascial pain syndrome as indicated by documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms that have persisted for more than three months; medical management therapies such as stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants have failed to control pain; radiculopathy is not present by exam, imaging, or neuro testing; trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. Trigger point injections are not recommended for radicular pain. Trigger point injections are not recommended for typical back pain or neck pain. The injured worker's clinical evaluation dated December 3, 2013 does not indicate symptoms persisting for

more than three months. There is a lack of documentation to support failed physical therapy, NSAIDs, and muscle relaxants to control pain. In addition, the request fails to indicate a quantity of injections requested. Therefore, the request for bilateral gluteal myofascial trigger point injections is not medically necessary or appropriate.