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| Case Number: | CM13-0064959 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 10/12/1998 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50 year-old female with a date of injury of 10/12/1998. The listed diagnoses per [REDACTED] dated 11/05/2013 are: Chronic back pain; HNP at L4-5; Chronic compensatory muscle spasm; Permanent and stationary per [REDACTED] (11/19/1999). According to report dated 11/05/2013 by [REDACTED], the patient presents with chronic right lower back, upper right side of shoulder, lower right leg, neck pain and headaches. The patient states her pain location is in her neck with radiation into her right side of the back down into her buttocks and down the right leg posteriorly as far as the heel. Examination reveals range of motion of lumbar spine is less than the expected normal. Points of maximal tenderness palpated in the right paravertebral muscles. On this day, the patient was injected with a solution of lidocaine 1% using a 3mL syringe and a 30 gauge 1 inch needle. She tolerated the procedure and was discharged in stable condition. A total of 4 injections were given. The patient reported improvement in spasm/pain prior to leaving the office. Similar report dated 09/30/2013, documents same subjective and objective finding and again is administered 4 Lidocaine solution injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR TRIGGER POINT INJECTIONS AND SUPPLIES: 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 MTUS Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain) symptoms persist for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. In this case, the treating physician does not describe the examination findings of any trigger points. Furthermore, examination does not document local twitch response or taut band as required by MTUS. The requested trigger points are not medically necessary.