MAXIMUS Federal Services

Case Number:	CM13-0065131		
Date Assigned:	05/07/2014	Date of Injury:	03/08/2010
Decision Date:	07/09/2014	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 Occupational 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:

The patient is an employee of [redacted] and has submitted a claim for low back pain associated with an industrial injury date of March 8, 2010. The treatment to date has included medications, physical therapy, TENS unit, H-WAVE, transforaminal selective nerve root block, and injections. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of sharp and stabbing low back pain, 10/10, radiating to the bilateral lower extremities, left greater than the right, which was aggravated by daily activities, cold weather, and prolonged sitting or standing, but relieved by medication, heat, injection, TENS unit, hot tub, and ice. On physical examination, vital signs were normal and the patient was alert and oriented. There was no note of a musculoskeletal examination. In an utilization review from December 4, 2013 denied the request for trigger point injection for left cervical paraspinal muscle because the clinical information submitted for review failed to meet the evidence-based guidelines for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION FOR LEFT CERVICAL PARASPINAL MUSCLE 20552, 20553: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Criteria for the use of Trigger Point Injections Page(s): 122.

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

Decision rationale: According to page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies have failed; and radiculopathy is not present. In this case, the requesting physician noted that left paraspinous trigger point injections were requested due to persistence of pain despite physical therapy and medication use and that two trigger points were to be injected. However, the latest progress note dated April 1, 2014 indicated that pain was relieved by medication, heat, TENS unit, hot tub, and ice, which is contrary to what the requesting physician has cited. Thus, failure of medical management therapies has not been established. Furthermore, the latest medical note did not include a musculoskeletal examination; hence, there was no evidence of the presence of trigger points. In addition, the patient complained of radiating pain and so there is a question whether radiculopathy might be present. The criteria were not met; therefore, the request for Trigger Point Injection for the Left Cervical Paraspinal Muscle 20552, 20553 is not medically necessary.