

Case Number:	CM13-0067244		
Date Assigned:	01/03/2014	Date of Injury:	09/11/2001
Decision Date:	05/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain 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 postlaminectomy syndrome associated with an industrial injury on September 11, 2001. Treatment to date includes oral and topical analgesics, muscle relaxant, physical therapy, lumbar surgery, trigger point injections, and lumbar epidural steroid injections. Utilization review dated November 25, 2013 denied request for Norco 10/325 #180 and four (4) trigger point injections. Reasons for denial were not made available. Medical records from 2012 to 2013 were reviewed and showed persistent lumbosacral spine with occasional radiation to the lower extremities. Physical examination of the lumbar spine revealed mild loss of normal sagittal balance and slight loss of normal lumbar lordosis with slight forward shift of center of gravity. There is limitation of motion (flexion 65 degrees, extension 0 degrees, bilateral lateral bending 10 degrees) and slight hyperesthesia of the anterolateral aspect of the left thigh. There is no localizing motor deficit of either lower extremity. DTR of the bilateral knees is 3+ while DTR for the bilateral ankles is trace. Straight leg raise is positive at 70 degrees bilaterally. Sciatic stretch sign is negative. The patient takes his pain medications on a regular basis and modifies his activities to relieve pain. Use of Norco and Zanaflex 4mg, Soma, and transdermal compounds for local pain relief were noted as far back as October 1, 2012. The patient has been receiving trigger point injections with 0.25% bupivacaine as far back as November 2012 which provided 2-3 days of pain relief. January 28, 2013 progress report states that pain is decreased by greater than 50% with improved range of motion a few minutes after injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 TRIGGER POINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 122.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines page 122, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, the patient has been receiving trigger point injections as far back as November 2012 which provided greater than 50% decrease in pain however lasting only for 2-3 days according to a progress report dated January 28, 2013. Objective functional improvement after the injections were not documented. In addition, the documents provided did not show evidence of palpable trigger points with twitch response nor failure of medical management therapies to control pain. Furthermore, there is evidence of radiculopathy based on physical examination. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for 4 trigger point injections is not medically necessary.