

Case Number:	CM13-0068000		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2004
Decision Date:	05/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Pain Medicine and is licensed to practice in Florida. 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 03/31/2004. The mechanism of injury was not stated. Current diagnoses include status post lumbar spine fusion, lumbar discogenic disease, lumbar radiculopathy, lumbar degenerative disc disease, and symptomatic hardware in the lumbar spine. The injured worker was evaluated on 11/19/2013. The injured worker reported persistent lower back pain. Physical examination revealed 5/5 motor strength, intact sensation, tenderness to palpation, restricted range of motion, guarding, and trigger points bilaterally. Treatment recommendations at that time included a trigger point injection into the lumbar spine and a return visit in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) TRIGGER POINT INJECTION - LUMBAR BILATERAL: Upheld

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

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

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of

circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As per the documentation submitted, there is no evidence of a failure to respond to medical management therapy such as physical therapy, NSAIDs, and muscle relaxants, as recommended by California MTUS Guidelines. There is also no documentation of circumscribed trigger points with evidence of a twitch response and referred pain. It is also noted that the injured worker has previously received trigger point injections into the lumbar spine in 04/2013 and 10/2013. There was no evidence of 50% pain relief for 6 weeks following the initial injections. Therefore, additional injections cannot be determined as medically appropriate. As such, the request for ONE (1) Trigger Point Injection - Lumbar Bilateral is non-certified.