

Case Number:	CM13-0069600		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2004
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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:

This is a 43-year-old patient with a date of injury December 13, 2004. The mechanism of injury was the result of cumulative trauma. The patient has undergone EMG (electromyography), nerve conduction studies on December 10, 2007, of the bilateral upper and lower extremities revealing mild right carpal tunnel syndrome and no evidence of cervical and lumbar radiculopathy. An MRI of the lumbar spine January 25, 2008, revealed moderately severe disc space narrowing at the L4-5 level, with a 5 mm posterior disc bulge flattening the dural sac and encroaching upon both L5 nerve roots. At the L5-S1 level, there was a mild posterior disc space narrowing and a 3 mm posterior disc bulge. The patient reportedly has also undergone physical therapy. In February of 2008, the patient was referred to a pain management specialist because of low back pain. Subjectively, there were complaints of pain at the low back area radiating down to the right thigh and also numbness and tingling in the right hip. The patient is a status post posterior lumbar interbody fusion at L4-5 with instrumentation. Postoperative x-rays of the lumbar spine show postoperative changes consistent with the L4-5 fusion and instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SERIES OF TRIGGER POINT INJECTIONS FOR THE LUMBAR REGION: 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 Chronic Pain Medical Treatment Guidelines state "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain." The request for series of trigger point injections to the lumbar spine is non-certified. Although subjectively there is reported significant pain and stiffness while performing activities of daily living and the symptoms worsen with prolonged walking and standing, and objective findings include paraspinal muscle tenderness to palpation, restricted and painful range of motion, decreased sensation to light touch, and positive straight leg raising with pain, the documentation provided for review indicated that there were no specific trigger points on palpation. The the Chronic Pain Medical Treatment Guidelines recommend trigger point injections for myofascial pain and not recommended for radiculopathy. Imaging studies and EMG/NCS (electromyogram/nerve conduction study) corroborated radiculopathy. The request for a series of injections to the lumbar region is not medically necessary or appropriate.