

Case Number:	CM13-0070189		
Date Assigned:	01/08/2014	Date of Injury:	01/30/2009
Decision Date:	04/25/2014	UR Denial Date:	11/21/2013
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 Medicine and is licensed to practice in Texas and Ohio. 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 35-year-old female who reported injury on 01/30/2009. The mechanism of injury was not provided. The patient underwent trigger point injections previously on 06/05/2013. The objective findings on the date of 11/20/2013 revealed the patient had decreased active range of motion secondary to back pain. The patient had decreased sensation in the right leg in an L5 distribution and a positive straight leg raise. The request was made for trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION TO LUMBAR SPINE: 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): 121,122.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response

as well as referred pain; Symptoms have persisted for more than 3 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); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, they indicate that the frequency should not be at an interval less than 2 months. The clinical documentation submitted for review indicated that the patient had prior injections. The patient had decreased sensation in the right leg in an L5 distribution and a positive straight leg raise, which indicate the patient had radiculopathy. There was lack of documentation indicating the patient had a 50% pain relief as evidenced by a decrease in the VAS score and that the pain relief was sustained for 6 weeks with documented evidence of functional improvement. The request as submitted failed to indicate the quantity of trigger point injections being requested. Additionally, there was a lack of documentation indicating the patient had a twitch response and referred pain, as well as circumscribed trigger points. The request for trigger point injection to lumbar spine is not medically necessary and appropriate.