

Case Number:	CM13-0070519		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2006
Decision Date:	05/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 claimant is a 47 year old male with a reported injury date of 06/14/2006; the mechanism of injury was not provided. The clinical note dated 11/26/2013 noted subjective complaints that included moderate-severe pain in the gluteal area that has increased and radiates to the left thigh, calf, and foot. It also noted that the pain increases with activity. Objective findings included spasms to the lumbar spine region, tenderness to palpation over the L4-5 facets which produces left foot tingling, and tenderness upon palpation to the lumbar paraspinal muscles. It was also noted that the injured worker had decreased range of motion to the lumbar spine measured at flexion 12 degrees, extension 00 degrees, lateral flexion on the right 20 degrees and left 15 degrees, and rotation to the left of 15 degrees. It was noted that the patient had received trigger point injections in the past that reduced 90% of referred pain and 30% overall pain. The treatment plan included trigger point injection to the left paraspinal muscles. The request for authorization for office visit to administer injection was submitted on 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OFFICE VISITS TO ADMINISTER INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: According to the California MTUS Guidelines, "trigger point injections are recommended only for myofascial pain syndrome as long as all the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, there is evidence of symptomatology related to radiculopathy, the previous injections only reduced the overall pain by 30%, and there was no quantifiable evidence provided that showed the injured worker received functional improvement. Additionally, it is unclear how long the therapeutic effect of the previous injections lasted. Therefore, the request for office visits to administer injections is not medically necessary and appropriate.