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| Case Number: | CM13-0070521 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/14/2006 |
| Decision Date: | 06/23/2014 | 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 Occupational 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 injured worker is a 47-year-old male who reported an injury on 6/14/06. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/26/13 reported that the injured worker complained of back pain which was moderate to severe and worsening. The injured worker noted the pain was in his gluteal area. The injured worker noted that the pain radiated into his left calf, left foot, and left thigh. The injured worker described the pain as aching, burning, deep, discomforting, numbness, piercing, sharp, shooting, and stabbing. The injured worker noted that his symptoms are aggravated by ascending stairs, bending, changing positions, coughing, daily activities, descending stairs, extension, flexion, jumping, lifting, pushing, rolling over in bed, running, sitting, sneezing, standing, twisting, and walking. The injured worker noted that the symptoms are relieved by heat, ice, lying down, trigger point injection, and pain medications. The injured worker underwent previous trigger point injections with a 90% reduction in reference pain. The injured worker received a 30% reduction in overall pain. The injured worker rated the pain at 10/10 without medication and 6/10 with medication. Upon physical exam, the provided indicated the injured worker to have tenderness to palpation over the SI joint and buttock. The provider noted tenderness to palpation at L4-5 facet and it made the left foot tingle. The provider noted that the injured worker is able to do a heel walk, but not toe walk due to left low back and left leg pain. The provider noted the injured worker had limitations on getting dressed in the morning and performing activities at home without his medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS (3-LEFT PARASPINAL MUSCLES): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRIGGER POINT INJECTIONS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trigger point injections Page(s): 122.

Decision rationale: The injured worker reported pain of the low back which was moderate to severe and worsening. The injured worker noted that the pain was in his gluteal area. The injured worker noted that the pain radiated to the left calf, left foot, and left thigh. The California MTUS Guidelines recommend lumbar trigger point injections only for myofascial pain syndrome; they have limited lasting value and are not recommended for radicular pain. The guidelines also note that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain with myofascial pain syndrome when all criteria. The guidelines note documentation of circumscribed trigger points with evidence upon palpation of twitch response as well as referred pain. The guidelines also note documentation of symptoms have been persistent for more than three months. The guidelines note documentation of medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. The guidelines note radiculopathy is not to be present. The guidelines note no more than 3-4 injections may be given per session. No repeat injections are to be given unless greater than 50% pain relief is obtained for six weeks after the injection and there was documented evidence of functional improvement. The guidelines also note that frequency should not be in intervals less than two months. Trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. There is lack of evidence in the documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. In addition, the documentation provided noted that the injured worker had signs and symptoms of radiculopathy. There was lack of documentation indicating the injured worker to have 50 % pain relief which would not indicate the need for additional injections. As such, the request is not medically necessary.