

Case Number:	CM14-0003084		
Date Assigned:	01/31/2014	Date of Injury:	11/01/2000
Decision Date:	07/03/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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:

This is a 40-year-old female with an 11/1/2000 date of injury. A cashbox fell off a top shelf and landed on her lower back. The box weighed approximately 5 to 8 pounds. The patient has persistent low back pain and had a flare-up of her symptoms and requested trigger point injections. Objective: spasm noted to the lumbar spine and 4 trigger point regions palpated in the lumbar paraspinous area and left upper gluteus regions. Diagnostic Impression: Treatment to date: physical therapy, medication management, activity modification. A UR decision dated 12/12/13 denied the request for trigger point injections because the patient had not met all the requirements for trigger point injections. There is no documentation of a twitch response or referred pain upon palpation of the trigger points. In addition, for repeat injections guidelines required greater than 50% pain relief for 6 weeks after an injection. Treatment to date: physical therapy, medication management, activity modification. A UR decision dated 12/12/13 denied the request for trigger point injections because the patient had not met all the requirements for trigger point injections. There is no documentation of a twitch response or referred pain upon palpation of the trigger points. In addition, for repeat injections guidelines required greater than 50% pain relief for 6 weeks after an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 LUMBAR PARASPINOUS TRIGGER POINT INJECTIONS: Upheld

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

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

Decision rationale: The MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, there are no objective findings of a twitch response upon palpation consistent with a trigger point, nor is there documentation of referred pain. In addition, there is no documentation of recent conservative management. The guidelines require documentation of greater than 50% pain relief for 6 weeks following previous injections including functional improvement. Therefore, the request for 4 Lumbar Paraspinous Trigger Point Injections was not medically necessary.