

Case Number:	CM14-0003598		
Date Assigned:	01/31/2014	Date of Injury:	06/15/2009
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 40-year-old male who has submitted a claim for failed back surgery syndrome, lumbar, displacement of lumbar intervertebral disc, thoracic/lumbosacral radiculopathy associated with an industrial injury date of July 15, 2009. The patient complains of persistent, moderate to severe pain in back and gluteal area radiating to the bilateral lower extremities, aggravated by motion. Physical examination of the lumbar spine showed mild spasm; tenderness over the paraspinal muscles, gluteals, sacrum and SI joint; limitation of motion; positive FABER and SLR test; and paraspinous taut bands with twitch responses and referred pain to the buttocks. The patient was assessed to have thoracic/lumbosacral radiculopathy, muscle spasms, failed back surgery, lumbar and myalgia and myositis, unspecified. A progress report on April 5, 2013 showed that the patient had received previous TPI on March 2013 which provided 40% pain relief for a couple of days. Current treatment plan recommends trigger point injection to the left PSIS. Treatment to date has included oral and topical analgesics, spine surgery, physical therapy, caudal epidural steroid injection, and trigger point injections. Utilization review from January 6, 2014 denied the request for trigger point injection to the left posterior superior iliac spine PSIS. The reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO THE LEFT POSTERIOR SUPERIOR ILIAC SPINE (PSIS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trigger Point Injection.

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

Decision rationale: According to page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that trigger point injections are recommended for myofascial pain syndrome only. 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; failure of medical management therapies to control pain such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants; not more than 3-4 injections per session; and 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. In this case, the patient has received previous TPIs which only provided 40% pain relief for a couple of days. The guideline clearly states that prior TPIs should provide greater than 50% pain relief lasting for at least 6 weeks before considering repeat injections. Moreover, the request did not specify the number of injections to be given; the guideline recommends no more than 3-4 injections per session. There was also no evidence of failure of conservative treatment. The medical necessity has not been established. Therefore, the request for Trigger Point Injections to the left Posterior Superior Iliac Spine (PSIS) is not medically necessary.