

Case Number:	CM14-0005273		
Date Assigned:	01/24/2014	Date of Injury:	03/05/2004
Decision Date:	06/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 injured worker is a 45 year old male who reported an injury on 03/05/2004. The mechanism of injury was not provided in the clinical documentation. Per the operative note dated 08/24/2012 the injured worker underwent epidural steroid injections to L4-L5 and L5-S1. Per the clinical note dated 08/27/2013 the injured worker reported greater than 75% pain relief for greater than 9 months after the epidural steroid injections in 08/2012. Per the operative note dated 09/13/2013 the injured worker underwent a second set of epidural steroid injections to L4-L5 and L5-S1. Per the clinical note dated 09/13/2013 the injured worker reported back pain with numbness to bilateral lower extremities. The diagnoses for the injured worker included lumbar sprain and strain, thoracic/lumbosacral neuritis/radiculitis, unspecified myalgia and myositis. The request for authorization for medical treatment was dated 11/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 11/27/2013): TRIGGER POINT INJECTIONS (TPI) X4 OVER 6 WEEKS TO THE LS (LUMBOSACRAL) PARASPINAL MUSCLE WITH ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines trigger point injections are recommended only for myofascial pain syndrome as indicated below; however, they are not recommended for radicular pain or for typical back pain or neck pain. Trigger point injections may be recommended when the following criteria are met: Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs) non-steroidal anti-inflammatory drugs and muscle relaxants have failed to control pain. 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. There was a lack of documentation regarding any physical therapy treatments attended by the injured worker or any home exercise regimen. The injured worker was prescribed pain medications. Radiculopathy is not present. There was documentation indicated radiating pain to the bilateral lower extremities and a diagnosis of thoracic/lumbosacral neuritis/radiculitis. There is a lack of documentation indicating there was documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the retrospective (DOS 11/27/2013) trigger point injections times 4 over 6 weeks to the lumbrosacral paraspinal muscle with ultrasound guidance is not medically necessary.