

Case Number:	CM14-0005579		
Date Assigned:	01/24/2014	Date of Injury:	02/01/1990
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Illinois. 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 59-year-old who reported an injury of unknown mechanism on February 1, 1990. In the clinical note dated October 25, 2013, the injured worker complained of increased discomfort to her low back with radiation into the lower extremities. She rated her pain level at 10/10. The physical examination revealed a decrease in sensation over the lateral aspect of the leg as well as the medial aspect. Straight leg raising was noted to be more irritated on the left than on the right. There was tenderness noted throughout the bilateral lumbar paravertebral and sacroiliac areas. The diagnoses included degenerative disk disease of the lumbar spine, lumbar pain, lumbar radiculitis, lumbar spondylosis, sacrolitis, lumbar myofascitis, cervical pain, cervical radiculitis, and cervical myofascitis. An MRI of the lumbar spine was performed on July 2, 2013 that showed degenerative changes that were progressing in the lower thoracic and upper lumbar area with moderate central canal narrowing at L2-L3. The treatment plan included a prescription for a Medrol dosepak to help with inflammation, a request for an MRI, a prescription for morphine sulfate ER 50mg one every 8 hours #90. The request for authorization was submitted on December 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION FOR BILATERAL CERVICAL AND THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that trigger point injections are recommended for myofascial pain syndrome as indicated, with limited lasting value. Trigger point injections are not recommended for radicular pain. The guidelines indicate trigger point injections are 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; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; 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 the clinical notes provided for review, there was a lack of documentation of failed conservative therapies and the MRI dated July 2, 2012 showed degenerative changes that were progressing in the lower thoracic and upper lumbar area with moderate central canal narrowing at L2-L3. The diagnoses also included cervical radiculitis. The guidelines state that trigger point injections are not recommended if radiculopathy is present. There was a lack of documentation indicating the injured worker had significant findings upon physical examination which would demonstrate the injured workers need for trigger point injections. The request for trigger point injection for bilateral cervical and thoracic spine is not medically necessary or appropriate.