MAXIMUS Federal Services

Case Number:	CM14-0005705		
Date Assigned:	02/05/2014	Date of Injury:	01/20/2013
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 & 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 patient is a 60-year-old male who has submitted a claim for low back pain, lumbosacral spondylosis without myelopathy, myofascial pain, lumbar or thoracic radiculitis/radiculopathy, and post-laminectomy syndrome, lumbar region; associated from an industrial injury date of 01/20/2013. Medical records from 02/04/2013 to 02/13/2014 were reviewed and showed that patient complained of sharp low back pain, graded 6/10. Physical examination showed tenderness in the lower thoracic and lumbar paraspinal muscles. There were palpable bands and trigger points with positive twitch reflex. Range of motion was restricted to pain. Manual testing was normal. Sensation was intact. MRI of the lumbar spine showed moderated disc degeneration, L4-L5; mild to moderate disc degeneration, L2-3, L3-4, and L4-5; L4-5 post-laminectomy surgical changes. Treatment to date has included epidural spinal injection, TENS, physical therapy, tramadol, NSAIDs, Prilosec, gabapentin, compounding cream, and L4-L5 laminectomy (2001). Utilization review, dated 12/26/2013, denied the request for trigger point injection under ultrasound guidance because the submitted records did not establish evidence of trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION FOR LOWER THORACIC AND LUMBAR PARASPINAL MUSCLES WITH ULTRASOUND GUIDANCE: Overturned

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, MYOFASCIAL TRIGGER POINT INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20-9792.26 Page(s): 122.

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; and radiculopathy is not present. In this case, the patient complains of chronic low back pain of 4 months duration. Physical examination showed that there were trigger points with positive twitch response. Previous trials of medication including NSAIDs and opioids have failed. The criteria have been met. Therefore, the request for TRIGGER POINT INJECTION FOR LOWER THORACIC AND LUMBAR PARASPINAL MUSCLES WITH ULTRASOUND GUIDANCE is medically necessary.