

Case Number:	CM14-0006968		
Date Assigned:	02/07/2014	Date of Injury:	08/13/1993
Decision Date:	07/11/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/18/2014

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:

This is a 61-year-old male with an August 13, 1993 date of injury after a slip and fall. His diagnosis is chronic L4/5 disc herniation with left sciatica. The patient was seen on December 17, 2013 with low back pain. The exam findings revealed normal strength throughout and 1+ equal and symmetrical reflexes. Sensation was noted to be intact to light touch. The patient was noted to not have any radicular symptoms. Per the examining physician the patient's low back pain seemed to be apparent muscle spasm and strain like picture. The treatment to date included physical therapy, medications, and epidurals. An MRI of the lumbar (L) spine revealed multilevel disc bulges with bilateral foraminal narrowing at L3/4 and left foraminal narrowing L2-L3. A UR decision dated December 30, 2013 denied the request given no trigger points were described on exam, and there is no evidence of conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL (L) TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: 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. There are no trigger points described in the progress noted or any diagnosis of myofascial pain syndrome, hence the rationale for trigger point injections is not clear. Therefore, the request for a trial (L) trigger point injections is not medically necessary.