

Case Number:	CM14-0007848		
Date Assigned:	02/10/2014	Date of Injury:	07/27/2007
Decision Date:	07/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/17/2014

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 Tennessee. 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 55-year-old female who has submitted a claim for lumbago associated with an industrial injury date of 07/27/2007. Medical records from 12/23/2008 to 12/05/2013 were reviewed and showed that patient complained of chronic low back pain. Physical examination showed tenderness over the left gluteus muscles, left greater trochanter and left facet joint, left sacroiliac joint, and left iliotibial band. There was limitation of lumbar flexion and extension. Straight leg raise test was negative. Achilles tendon reflex was decreased. Motor testing was normal. There was decreased sensation noted in the left L5 and S1 distribution. MRI of the lumbar spine, dated 06/29/2011, revealed mild degenerative changes in the lumbar spine and disc dehydration from L5-S1, and minimal to mild encroachment on the neural foramina. Official report of the imaging study was not made available. Treatment to date has included Tylenol, hydrocodone/APAP, clonazepam, Singulair, Wellbutrin, Aroxin, Flector patch, Lidoderm patch, naproxen, TENS, physical therapy, acupuncture, and hemilaminectomy of L5 and subtotal discectomy of L5-S1 (06/16/2010). Utilization review, dated 12/16/2013, denied the request for left lumbar trigger point injections because there was no documentation of myofascial pain syndrome and trigger points, and the request did not specify the number of injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LT. LUMBAR TRIGGER POINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections 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 despite intake of NSAIDs and opioids. However, physical examination failed to show that there were trigger points with positive twitch response. In addition, the patient is not diagnosed with myofascial pain syndrome. The criteria have not been met. Therefore, the request for LT. LUMBAR TRIGGER POINT INJECTIONS is not medically necessary.