

Case Number:	CM14-0008349		
Date Assigned:	02/12/2014	Date of Injury:	01/27/2011
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 30-year-old male who sustained work-related injuries to his low back on 01/27/2011. On the date of injury, he was passing down twelve (12) foot sections of pipe which weighed 120 pounds each to his coworker, when he developed pain and tightness in his low back. The injured worker failed conservative management and on 06/14/2011 he underwent bilateral laminectomy and discectomy at L5-S1 and was noted to have a prior history of lumbar surgery at this level in 2007. He had chronic complaints of low back pain radiating down the left leg and into the foot. Per clinical note dated 12/04/13, the injured worker continued to have low back pain along the superior iliac crest and midline of the back. It was reported that the pain radiated into his mid upper back. On examination he was focally tender in the lumbosacral junction and along the left superior iliac crest. He was reported to have a weakly positive straight leg raise on the left, negative on the right. The motor strength testing was intact. Given the focal tenderness and trigger points, there was a recommendation that the injured worker receive trigger point injection. He was also recommended to undergo refills of oral medications. The utilization review determination dated 12/27/2013, non-certified the request for one (1) trigger point injection and unknown medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TRIGGER POINT INJECTION: Upheld

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

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

Decision rationale: The request for one (1) trigger point injection is not supported as medically necessary. The submitted clinical records indicate that the claimant has a history of chronic low back pain secondary to multiple surgeries. The most recent physical examination does not provide a description and discrete location for the trigger point. There is no documentation of a distinct twitch response. The Chronic Pain Guidelines indicate that trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. The injections are not recommended for radicular pain. The guidelines also indicate that these injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination, and are not recommended for typical back pain or neck pain. As such the request would not meet the guideline criteria.