

Case Number:	CM14-0009387		
Date Assigned:	02/12/2014	Date of Injury:	06/14/2006
Decision Date:	08/18/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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 injured worker was injured on 06/14/06, and trigger point injections are under review. The mechanism of injury is not clear. The injured worker has a past history of back surgery. He has used multiple different medications. He had an MRI on 01/09/13. He has diagnoses of failed back surgery syndrome, degeneration of the lumbar disks, facet pain, chronic pain, insomnia, and muscle spasms. He had a global fusion at L5-S1 and has myalgia/myositis and lumbar spondylosis without myelopathy. It was noted that he had an antalgic gait and normal posture and muscle tone. He had moderate spasm and maximum tenderness at the facet joint with painful range of motion. He had positive straight leg raises bilaterally and decreased range of motion. He had tenderness to palpation at the L4-5 facet joints. Treatment recommendations included repeat trigger point injections and facet joint injections of low back. He received a trigger point injection on 10/29/13 and reported continuous 50-60% relief. However the patient's follow-up note on 11/26/13 indicated no change in the patient's symptoms or physical exam findings. There was no documentation of decreased medication usage. On 01/23/14, he reported his home program made him worse. He had a total of 6 PT sessions which helped at the time but he had more pain with his home program. In terms of trigger point injections, he had 1 set over the left hip and PSIS area and got about 30% relief for 2-3 weeks. He had strong facetogenic signs on physical examination and medial branch blocks are recommended. A functional restoration program (FRP) was under consideration. He continued the use of opioids. On 12/26/13, a physical examination revealed normal muscle tone and maximum tenderness over the paraspinous facets. On 01/23/14, his physical examination was the same. There was no documentation of actual trigger points on physical examinations.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS: 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): 153.

Decision rationale: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. There is no evidence of findings on physical examination demonstrating the presence of trigger points, including circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Injection therapy is typically recommended to resolve symptoms so that active rehab can continue. There is no documentation of an ongoing exercise program following the initial trial of trigger point injections. As such, the request is not medically necessary.