

Case Number:	CM14-0104150		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2012
Decision Date:	10/06/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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:

The injured worker is a 45-year-old female who sustained an injury to her low back on 11/05/12 due to a lifting injury. Magnetic resonance image of lumbar spine dated 11/30/12 revealed 6-7 mm disc protrusion with moderate central canal narrowing at L4-5; 3 mm disc bulge at L5-S1 with mild central canal narrowing, annular fissures in the posterior aspects of L3-4 and L5-S1; severe bilateral L5-S1 facet hypertrophy with light to mild L4-5 and L5-S1 neural foraminal narrowing. Clinical note dated 05/14/14 reported that the injured worker complained of constant pain in the bilateral, right greater than left lower back which she describes as sharp and shooting at 10/10 visual analog scale. The injured worker stated that the pain is worsening and travels into the bilateral legs, right greater than left. The pain also travels to the mid back. Physical examination noted Kemp's/facet testing positive bilaterally; to walk positive on the right side; straight leg raise positive bilaterally. Palpation revealed moderate paraspinal tenderness, muscle guarding and spasm bilaterally at L4-5 and L5-S1; palpation revealed moderate spinal tenderness, muscle guarding and spasm radiating to the bilateral legs; range motion lumbar spine flexion 40, extension 10, bilateral lateral bending 15 with pain. The injured worker was diagnosed with discogenic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point Injections times 2 for the lumbar spine DOS: 5/14/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) states that trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Treatment with this modality is not recommended for radicular pain. The CAMTUS states that there must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Physical examination on 05/14/14 did not note any palpable trigger points, jump signs, taut muscle bands or twitch responses. Given this, the retrospective request for trigger point injection times two for the lumbar spine date of service: 05/14/14 is not indicated as medically necessary.