

Case Number:	CM14-0010758		
Date Assigned:	02/21/2014	Date of Injury:	07/14/1999
Decision Date:	07/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 47-year-old male who has submitted a claim for Failed Back Surgery Syndrome associated with an industrial injury date of July 14, 1999. Medical records from 2009 through 2013 were reviewed, which showed that the patient complained of mild to moderate lumbosacral pain radiating to both legs accompanied by paresthesia of both legs. On physical examination of the lumbar spine, paraspinal spasm was noted. There were trigger points on the bilateral sciatic and bilateral lumbar paraspinal area. Range of motion saw 50% reduced. No motor deficits were noted but sensation was diminished in the foot. Ankle jerk was reduced. The treatment to date has included medications, L5-S1 fusion, spinal cord stimulator, caudal epidural steroid injections, and multiple trigger point injections. Utilization review from January 15, 2014 denied the request for trigger point injections with ultrasound guidance QTY: 2.00 because there was no documentation of the presence of a twitch response or derived functional benefit from previous trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS WITH ULTRASOUND GUIDANCE #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: According to page 122 of the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections with a local anesthetic may be recommended when all of the following criteria are met: (1) documentation of circumscribed trigger points with evidence of a twitch response and referred pain; (2) symptoms have persisted for more than three months; (3) conservative management have failed; (4) radiculopathy is not present; (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; and (8) trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. In this case, there was no discussion regarding failure of conservative management. The medical records also showed evidence of radiating pain and paresthesia to both legs, which are consistent with radiculopathy. Moreover, multiple previous trigger point injections have been done in the past but the records did not reveal sustained pain relief or evidence of functional improvement. The criteria were not met. Therefore, the request for trigger point injections with ultrasound guidance #2 is not medically necessary.