

Case Number:	CM14-0012802		
Date Assigned:	02/24/2014	Date of Injury:	12/17/2009
Decision Date:	07/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine and Rehabilitation 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 40 year old male who reported an injury on 12/127/2009, due to unknown mechanism. The injured worker complained of lower back pain rated 6/10 on the 07/10/2013 office visit. The office visit for 01/22/2014 noted 4/10 pain. On the 02/19/2014 office visit, the injured worker complained of increased pain rated 8/10 with no numbness. On physical examination, the injured worker had chronic pain which was managed by medication. The injured worker was able to manage and function more independently with medication than without. The injured worker's diagnoses include lumbar facet syndrome, lumbar radiculopathy, disc disorder lumbar, spasm of the muscle, and depression. The injured worker received a sacroiliac joint injection on 12/09/2013. The medications included Celebrex, Norco, Pennsaid, Prilosec, Pristiq, Neurontin and, Rozerem. The treatment plan was for trigger point injection lumbar spine. The request for authorization form was submitted 12/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION LUMBAR SPINE: Upheld

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

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

Decision rationale: The request for Trigger Point Injection Lumbar Spine is not medically necessary. According to Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome with limited lasting value. They are not recommended for radicular pain. The guideline criteria for the use of trigger point injections include: documentation of the circumscribe trigger points with evidence upon palpation of a twitch response as well as pain; symptoms have persisted for more than 3 months; medical management therapies such as ongoing stretching exercises, physical therapy, (NSAIDS) non-steroidal anti-inflammatory drugs, and muscle relaxants have failed to relieve the pain; and radiculopathy is not present (by MRI or, or neuro-testing). Trigger point injections with any substance other than local anesthetic with or without steroids are not recommended. The injured worker's diagnoses include lumbar radiculopathy. The injured worker demonstrated objective findings consistent with radiculopathy, such as decreased sensation and positive straight leg raising. The guidelines do not support the use of trigger point injections in patients with radicular symptoms. As such, the submitted request for authorization of Trigger Point Injection Lumbar Spine is not medically necessary. Injection Lumbar Spine is non-certified. According to California