

Case Number:	CM14-0013646		
Date Assigned:	02/26/2014	Date of Injury:	05/14/2008
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 58-year-old male who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc and sciatica associated with an industrial injury date of May 14, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the bilateral lower extremities. Physical examination of the lumbar spine showed limitation of motion; tenderness over the sciatic notch; six trigger points in the lumbar paraspinals; and bilaterally positive straight leg raising. The diagnoses were lumbar muscle strain and spasm with continued recalcitrant trigger points and ligament strain and lumbar radiculopathy. Treatment plan includes a request for lumbar trigger point injections. Treatment to date has included oral analgesics and chiropractic therapy. Utilization review from January 20, 2014 denied the requests for trigger point injections to the lumbar because there was no documentation of failure of conservative management that includes physical therapy. There was also presence of lumbar radiculopathy, which is a contraindication for the procedure. The request for referral for treatment was also denied because the request for trigger point injections has not been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 TRIGGER POINT INJECTIONS TO THE LUMBAR: Upheld

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

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

Decision rationale: As stated on page 122 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, the patient was diagnosed with lumbar muscle strain and spasm with continued recalcitrant trigger points and ligament strain and lumbar radiculopathy. Although trigger points were noted on the most recent physical examination, a twitch response as well as referred pain were not elicited. Moreover, radiculopathy is a contraindication for trigger point injections based on the guideline. There was also no objective evidence of failure and exhaustion of conservative treatments to relieve pain. Furthermore, the request exceeded the guideline recommendation of 3-4 injections per session. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for six trigger point injections to the lumbar is not medically necessary.

REFERRAL FOR TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.