

Case Number:	CM14-0017535		
Date Assigned:	04/14/2014	Date of Injury:	12/23/2008
Decision Date:	05/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Illinois. 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 50-year-old male who reported an injury on 12/23/2008. The mechanism of injury was not stated. The current diagnoses include myofascial pain syndrome, lumbar sprain, lumbosacral radiculopathy, and status post lumbar spine surgery. The most recent physician progress report submitted for this review is documented on 12/17/2013. The injured worker reported ongoing lower back pain with numbness in the left lower extremity. The physical examination revealed positive straight leg raising on the left, decreased sensation in the left foot, positive spasm in the left lumbar paraspinal muscles, and decreased strength in the left lower extremity. The treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND-GUIDED TRIGGER POINT INJECTIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) , 2ND EDITION, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES. The Claims Administrator also based its decision on the Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES/INTEGRATED TREATMENT GUIDELINES (ODG TREATMENT IN

WORKERS' COMPENSATION 2ND EDITION) - DISABILITY DURATION GUIDELINES (OFFICIAL DISABILITY GUIDELINES 9TH EDITION)/WORK LOSS DATA INSTITUTE and the REED GROUP/THE MEDICAL DISABILITY ADVISOR.

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

Decision rationale: The Chronic Pain Guidelines indicate that trigger point injections are recommended for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. As per the documentation submitted, there is no evidence of circumscribed trigger points with a twitch response and referred pain. There is also no mention of a failure to respond to medical management therapy, such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. The guidelines further state radiculopathy should not be present by examination, imaging, or neurology testing. The injured worker's physical examination does reveal positive straight leg raising, decreased sensation, and decreased strength. Based on the clinical information received and the guidelines, the request is non-certified.