

Case Number:	CM14-0018484		
Date Assigned:	04/18/2014	Date of Injury:	04/25/2012
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32-year-old with an injury date on 4/25/12. Based on the 1/4/13 progress report provided by [REDACTED] the diagnoses are L4-L5 disc bulge 3 mm with superimposed annular fissure per MRI dated August 9, 2012; L5-S1 retrolisthesis with central disc profusion, uncovertebral disc plate complex and disc disease measures up to 6mm in AP dimensions per MRI dated August 9, 2012; and Lumbar radiculopathy. Exam on 11/14/13 showed patient able to "toe walk, heel walk, and squat without difficulty. His back has no listing, but tender to palpation and increased pain with range of motion especially extension which brings a lot of pain. In lower extremities, the patient has decreased sensation on right L5 and S1 distribution." Radiographic imaging on 11/14/13 showed the patient has a "loss of disc height moderately severe at L5-S1, moderate at L4-5 and foraminal stenosis at L5-S1. The patient has instability with flexion and extension." An electromyography and nerve conduction velocities on 1/6/14 showed normal findings, with no evidence of right lumbar radiculopathy. MRI of lumbar-spine on 1/6/14 showed "annular tear at L4-5, disc protrusion of 4mm at L5-S1, bilateral facet foraminal narrowing and facet joint changes at L5-S1. [REDACTED] found Retrolisthesis at L5-S1 and foraminal stenosis that is severe" per 1/16/14 report. [REDACTED] is requesting trigger point injection bilateral paralumbar muscle times four. The utilization review determination being challenged is dated 2/4/14 and refused request due to radiographic imaging not substantiating arthrodesis at L5-S1 level or possibility of fusing at L4-5, and lack of positive response to prior trigger point injections. [REDACTED] is the requesting provider, and he provided treatment reports from 1/4/13 to 2/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION, BILATERAL PARALUMBAR MUSCLE X4: 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 the 11/14/13 report by [REDACTED], this patient presents with "lower back pain radiating to bilateral lower extremities, worse on right. Standing aggravates symptoms. Pain is 7-8/10, dull and achy with spasm. There is numbness and tingling to big toe. Patient already has had physical therapy, epidural steroid injection, aqua therapy and acupuncture with persistent symptoms." The request is for trigger point injection bilateral paralumbar muscle times four. Patient also received trigger point injection on 10/8/13 but no subsequent reports describe relief of pain from injection. On 11/12/13, patient reported limited activity, continuing lower back and lower extremity pain, and requested stronger medication. QME on 11/8/13 states continuing radicular pain in L-spine and further notes: "patient is at a static point in her recovery." On 1/8/14, report showed "patient has an increase in lower back pain over last 2 and half weeks. Significant pain and spasm in lower back with radiation into bilateral legs and toes, despite aqua therapy and exercise regimen." Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. No repeat injections are recommended unless a greater than 50% pain relief is obtained for six weeks after an injection. In this case, the treater has asked for trigger point injection bilateral paralumbar muscle times four. There is no evidence 10/8/13 trigger point injection was effective, and another injection is not approved by MTUS guidelines. In addition, examination does not show trigger points that include taut band and referred pain pattern. Recommendation is for not medically necessary.