

Case Number:	CM14-0111495		
Date Assigned:	08/01/2014	Date of Injury:	03/26/1973
Decision Date:	09/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 an 84-year-old female who reported an injury on 03/26/2013 due to a fall. The injured worker has diagnoses of multilevel degenerative disc disease, lumbar spondylosis without myelopathy, axial low back pain, myofascial low back pain, lumbar stenosis, multilevel lumbar radiculopathy, and lumbar facet disease. The only past medical treatment documented in the submitted reports for review was medication therapy. X-rays done on 04/10/2014 showed a compression fracture at T12, age indeterminate. The injured worker complained of significant low back pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 06/07/2014 revealed that the injured worker had pain to palpation in the gluteus medius and quadratus lumborum muscles with a twitch response. The physical examination revealed that there was no pertinent testing done on the injured worker, range of motion, or muscle strength. Medications include tramadol/APAP 37.5/325 mg 3 tablets per day and Xanax 0.25 mg twice a day. The treatment is for the injured worker to receive 4 lumbar trigger point injections. The provider is also requesting an MRI be ordered. The rationale provided is that the injured worker has significant myofascial pain in the gluteus medius muscle with a twitch response noted and also in the quadratus lumborum with a twitch response noted on palpation. The request for authorization form was submitted on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar trigger point injections times four: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The injured worker complained of significant low back pain. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) recommends trigger point injections for myofascial pain syndrome and states that they are not recommended for radicular pain. Criteria for use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and repeat injections are not warranted unless a greater than 50% pain relief is obtained for six weeks after a previous injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. As the report did state that the injured worker had positive trigger points with evidence upon palpation of a twitch response, as well as referred pain, the report lacked any evidence of any ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. In addition, the frequency for the proposed injections was not indicated in the request. As such, the request for Lumbar trigger point injections times four is not medically necessary.