

Case Number:	CM14-0124933		
Date Assigned:	08/08/2014	Date of Injury:	06/09/2014
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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, Pain Medicine, and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 06/09/2014 due to lifting boxes. The injured worker had a history of lower back pain. The diagnoses included lumbar muscle strain and radicular pain along with lumbar facet arthropathy. The MRI dated 06/11/2014 revealed mild degenerative disc disease at L4-5. The past treatments included 6 visits of physical therapy, narcotics, ice, home exercise program, and facet joint injections. The physical examination dated 07/31/2014 of the lumbar spine revealed normal orientation and coordination, able to get on the examination table without assistance, deep tendon reflexes to bilateral knees and ankles 2+ patella right and 2+ left, motor testing 5/5 bilaterally, sensations intact, bilateral lower extremities, lumbar spine was stable, range of motion improving but limited extension, plus spasms of the right paralumbar muscles, straight leg raising test while sitting was negative. The medications included Motrin 800 mg. No VAS provided. The treatment plan included medication regimen, continue physical therapy, continue home exercise program, and modified duty. The Request for Authorization dated 07/10/2014 was submitted with documentation. The rationale for trigger point injections was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injection to the L4-L5 level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The request for Outpatient trigger point injection to the L4-L5 level is not medically necessary. The California MTUS recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the 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 there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. Per the clinical notes, the injured worker had a diagnosis of radicular pain, with which it is not recommended to have the trigger point injections per the guidelines with positive radiculopathy. The physical therapy notes indicated that the injured worker had improved. The injured worker was indicated to be taking Motrin 800 mg; however, no documented efficacy was provided. The injured worker had received several trigger point injections prior. The physical examination did not indicate any trigger response. As such, the request for Trigger Point Injection is not medically necessary.