

Case Number:	CM14-0125835		
Date Assigned:	08/13/2014	Date of Injury:	12/21/1998
Decision Date:	11/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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, 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 50 year old with an injury date on 12/21/98. Patient complains of moderate to severe lumbar pain in middle/lower back and gluteal area per 5/7/14 report. Patient describes pain as aching burning, deep, rated on VAS scale as 8/10 without medications, and 3/10 with medications, and also states the problem is "fluctuating" but occurs "persistently." Based on the 6/28/14 progress report provided by [REDACTED] the diagnoses are: 1. derangement of meniscus, not elsewhere classified; 2. osteoarthritis, localized, primary, involving lowe; 3. old disruption of anterior cruciate ligament; 4. Sacroiliitis; 5. muscle spasms; 6. chronic pain due to trauma; 7. pain in joint involving lower leg; 8. radiculopathy thoracic or lumbosacral; 9. Heartburn; 10. degenerative disc disease lumbar; 11. myalgia and myositis, unspecified; 12. Coat; 13. knee arthroscopy; 14. contusion of knee and lower leg; 15. polymyalgia rheumatic; 16. lower back pain; 17. facet arthropathy; 18. carcinoma in situ of breast. Exam on 5/7/14 showed "antalgic gait, left side. Painful range of motion with limiting factors of pain. Tenderness to palpation over facets L4-5, L5-S1. 2+ facet loading test. Buttock and SI joint painful bilaterally. Maximum tenderness to palpation: paraspinous, spinous. Moderate spasm." [REDACTED] is requesting trigger point injection lumbar spine. The utilization review determination being challenged is dated 7/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/31/13 to 6/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines -Trigger point injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-7, Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with back pain. The treating physician has asked for trigger point injection lumbar spine on 6/28/14. Review of the reports do not show any evidence of trigger point injections being done in the past. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not for radicular pain. Regarding treatment of trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. Not recommended for typical back pain or neck pain. In this case, patient does not present with myofascial pain syndrome, nor are there exam findings that show taut band and referred pain pattern upon palpation. This patient presents with advanced arthritis of the back, and a trigger point injection would not be indicated for this type of condition. Recommendation is that the request is not medically necessary.