

Case Number:	CM14-0128307		
Date Assigned:	08/15/2014	Date of Injury:	06/20/2006
Decision Date:	09/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 36-year-old female with a 6/20/06 date of injury. At the time (5/28/14) of request for authorization for Trigger Point Injection to the right gluteal region and right leg musculature x 1, there is documentation of subjective persistent low back pain radiating to right lower extremity associated with spasms and heaviness in right lower extremity. The pain level is 8-9/10. There are persistent spasms in right leg musculature and she wants trigger point injections for it. Objective spasms were noted in lumbar paraspinal muscles and stiffness noted in lumbar spine. Spasms were noted in right gluteal and right leg musculature, antalgic gait on right. Dysesthesia was noted to light touch in right L5 and S1 dermatome, and strength at 4+/5 in the right extensor hallucis longus and ankle dorsiflexion. Current diagnoses are lumbar radiculopathy, myofascial pain, chronic low back pain, and lumbar degenerative disc disease. Treatment to date includes H-wave and medications including Cyclobenzaprine, Omeprazole, Gabapentin, and Topiramate. There is no documentation of myofascial pain syndrome circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; radiculopathy is not present (by exam); and additional medical management therapies such as ongoing stretching exercises and physical therapy have failed to control pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Injection to the right gluteal region and right leg musculature x 1:
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: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; 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 no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, myofascial pain, chronic low back pain, and lumbar degenerative disc disease. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as medications have failed to control pain; and no more than 3-4 injections per session. However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; radiculopathy is not present (by exam); and additional medical management therapies such as ongoing stretching exercises and physical therapy have failed to control pain. Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injection to the right gluteal region and right leg musculature x 1 is not medically necessary.