

Case Number:	CM14-0128861		
Date Assigned:	08/18/2014	Date of Injury:	01/12/2014
Decision Date:	09/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 33 year old male who reported an injury on 01/21/2014. The mechanism of injury is from a fall. The injured worker was diagnosed with myofascial strain of the neck, mid and lower back. The injured worker was treated with medications and therapy. Diagnostic studies included an MRI of the neck and lower back which was performed on 04/28/2014 and x-rays of the cervical, thoracic, and lumbar spines on 07/01/2014. The progress report dated 08/05/2014 noted the injured worker complained of pain to the cervical, thoracic, and lumbar spines. He had pain upon palpitation to the lumbar facets at levels L3-S1 on both sides. The injured worker's anterior flexion of the lumbar spine was noted to be 60 degrees, lumbar flexion caused pain, and extension of the lumbar spine was 20 degrees. He was prescribed baclofen, mobic, and Ultram. He was also ordered to discontinue Ultram and baclofen, and remain on Mobic for an additional two weeks per the progress note dated 08/05/2014. The treatment plan was for 2 trigger point cortisone injections for the lumbar spine. The rationale for the request was not indicated in the medical records provided by the physician. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 trigger point cortisone injections for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back.

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

Decision rationale: The California MTUS guidelines recommend Trigger point injections with a local anesthetic for the treatment of chronic low back or neck pain with myofascial pain syndrome. There must be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain when symptoms have persisted for more than three months and other therapies have failed to control pain. Radiculopathy should not be present upon exam, imaging, or neuro testing. The guidelines recommend no more than 3 to 4 injections per session. Repeat injections should not be performed unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement, frequency should not be at an interval less than two months. Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. The injured worker's medical records lack documentation to indicate that the pain is not controlled by medications, physical therapy, or home exercises. There is a lack of documentation indicating the injured worker has circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. As such, the request for 2 trigger point cortisone injections for the lumbar spine is not medically necessary.