

Case Number:	CM14-0132420		
Date Assigned:	08/22/2014	Date of Injury:	07/19/2011
Decision Date:	12/08/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 & Rehabilitation 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 40-year-old male who has submitted a claim for lower leg contusion, lumbar region postlaminectomy syndrome, myalgia, myositis, lumbar sprain/strain, and hip bursitis associated with an industrial injury date of 7/19/2011. Medical records from 2014 were reviewed. The patient complained of flare-up of left lumbosacral region pain secondary to increased activity at home. Aggravating factors included repetitive bending and lifting activities. Patient denied any radicular symptoms. Physical examination showed tenderness over the left posterior/superior iliac spine region. There was a twitch response and referred pain upon palpation. Myofascial trigger point was noted. There was absence of abnormal nerve tension signs. Circulatory, motor, and sensory examinations were intact. Treatment to date has included steroid injection to the left posterior/superior iliac spine region trigger point on 7/21/2014, 4/2/14, and 2/19/14 resulting in significant symptom relief after the injection. Patient was likewise instructed to continue medications and home exercise program. Utilization review from 8/14/2014 denied the request for outpatient two steroid trigger injections to the lower back followed by 6 sessions of physical therapy because of no clear rationale for the procedure and it was not discussed why patient cannot perform a home exercise program instead.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Trigger Injections, Lower Back x 2: 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): 122.

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, patient complained of flare-up of left lumbosacral region pain secondary to increased activity at home. Aggravating factors included repetitive bending and lifting activities. Patient denied any radicular symptoms. Physical examination showed tenderness over the left posterior/superior iliac spine region. There was a twitch response and referred pain upon palpation. Myofascial trigger point was noted. There was absence of abnormal nerve tension signs. Circulatory, motor, and sensory examinations were intact. Patient underwent steroid injection to the left posterior/superior iliac spine region trigger point on 7/21/2014, 4/2/14, and 2/19/14 resulting in significant symptom relief after the injection. However, the guideline clearly states that repeat injections should only be performed when greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Pain relief reported by the patient was not quantified, and there was no objective data concerning functional improvement. The medical necessity for a repeat steroid injection cannot be established due to insufficient information. Therefore, the request for Steroid Trigger Injections in the Lower Back x 2 are not medically necessary.

Physical Therapy sessions x 6: 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 Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of flare-up of left lumbosacral region pain secondary to increased activity at home. Aggravating factors included repetitive bending and lifting activities. Patient denied any radicular symptoms. Physical examination showed tenderness over the left posterior/superior iliac spine region. There was a twitch response and referred pain upon palpation. Myofascial trigger point was noted. There was absence of abnormal nerve tension signs. Circulatory, motor, and sensory

examinations were intact. Symptoms persisted despite steroid trigger point injections and medications. However, patient already completed a course of physical therapy in the past without information concerning total number of sessions attended, as well as its functional outcomes. Patient was likewise on a home exercise program since February 2014 and it was unclear why re-enrollment in a supervised physical therapy should be performed. The medical necessity cannot be established due to insufficient information. Therefore, the request for Physical Therapy x 6 sessions are not medically necessary.