

Case Number:	CM14-0135585		
Date Assigned:	08/29/2014	Date of Injury:	09/30/2000
Decision Date:	11/05/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/20/2014

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, has a subspecialty in 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 64 year old male who reported an injury on 06/16/2000. The mechanism of injury was unspecified. The injured worker's diagnoses included myofascial pain syndrome and lumbar sprain. The injured worker's past treatments were noted to include medications. The medical records did not include the injured worker's past surgical history or diagnostic studies. On the clinical note dated 10/24/2014, which was handwritten and largely illegible, the injured worker complained of increased pain in the back, numbness in the legs, weakness in the legs, and acute spasms of the lumbar paraspinal muscles. The injured worker had a positive bilateral straight leg raise, full range of motion in the back, and positive for left knee tenderness/ strength. The injured worker's medications included Naprosyn 550mg twice per day, Omeprazole 20mg daily, Flexeril 7.5mg three times per day, Neurontin 600mg three times per day, and Methoderm gel as needed. The treatment plan was for Trigger point injections x 4 bilateral lumbar paraspinal muscles, rationale not provided. The Request for Authorization form was submitted for review on 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4 bilateral lumbar paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 127.

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

Decision rationale: The request for Trigger point injections x 4 bilateral lumbar paraspinal muscles is not medically necessary. The injured worker's diagnoses included myofascial pain syndrome and lumbar sprain. The California MTUS guidelines recommended trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 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); Not more than 3-4 injections per session; 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; 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 documentation lacks pertinent quantitative data in regards to the injured worker's pain, history of symptoms and past treatment. There is a lack of documentation indicating that radiculopathy is not present by exam, imaging, or neuro-testing. As such, the request for Trigger point injections x 4 bilateral lumbar paraspinal muscles is not medically necessary.