

Case Number:	CM14-0142537		
Date Assigned:	10/07/2014	Date of Injury:	11/07/1999
Decision Date:	11/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported an injury on 09/28/1996 due to an unknown mechanism. Diagnoses were chronic low back pain with lumbar radicular pain to both lower extremities, both nociceptive and neuropathic pain components from post lumbar laminectomy and fusion syndrome; post lumbar laminectomy and fusion syndrome with degenerative disc disease and degenerative facet joint disease about the fusion, most prominent at L3-4 level; chronic discogenic lower back pain with 8 mm disc herniation at L4-5, status post decompressive laminectomy, discectomy, and posterior spinal fusion with instrumentation from L4-S1 and anterior decompression and fusion with instrumentation at the L4-5; status post hardware removal and exploration of fusion mass on 07/08/2004; bilateral S1 joint pain and piriformis syndrome; insomnia associated with chronic low back pain; chronic left L5-S1 radiculopathy on EMG; L4-5 epidural fibrosis per MRI 05/28/2014, status post lumbar laminectomy and fusion; clinical depression associated with chronic pain, bilateral piriformis pain syndrome, status post transforaminal lumbar epidural steroid injection with 75% pain reduction; lumbar spondylosis with multilevel facet DJD, including severe bilateral L2-3 facet DJD, severe left and moderate right L3-4 facet DJD; L3-4 spondylolisthesis 5 to 6 mm; multilevel lumbar DDD with disc bulge 3 to 4 mm at L5-S1, 3 to 4 mm at L2-3, 4 mm at L1-2; and L5-S1 with annular fissure and central canal narrowing. Physical examination dated 07/16/2014, revealed complaints of chronic low back pain, buttock, and leg pain, right greater than left. The injured worker reported her pain level was severe and constant. The pain level was reported to be a 9 without medication. The injured worker reported the medications reduced the pain to a more tolerable level. The pain was worse with activity and is better with epidural steroid injection and medications. Examination of the lumbosacral spine revealed a well healed

surgical scar in the midline of the lumbar spine from previous lumbar fusion. There was diffuse tenderness over the lumbar spine, both paraspinal region and midline, L3-S1. There was tightness in the low back. There was moderate to severe tenderness over the bilateral persist and piriformis region. Neurological examination revealed bilateral leg/foot numbness/tingling in the L4-S1 with chronic tingling bilateral L4-5 dermatome and foot numbness L4-S1. Treatment plan was for trigger point injection of the L spine. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection lumbar-spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Trigger Point Injection, Page(s): 121,122.

Decision rationale: The decision for trigger point injection lumbar spine is not medically necessary. The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain; symptoms have persisted for more than 3 months; medical management therapy, such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants, have failed to control pain; and radiculopathy is not present (by exam, imaging, or neuro testing). There are to be no repeat injections unless a greater than 50% pain relief is obtained from 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, it is indicated the frequency should be at an interval less than 2 months. The injured worker did not have a trigger response upon palpation, as well as referred pain. It was not reported that the injured worker was participating in a home exercise program or ongoing stretching exercises. Radiculopathy was not ruled out with the physical examination. Specialty testing was not performed. There was a decrease in sensation. The clinical information submitted for review does not provide evidence to justify trigger point injection lumbar spine. Therefore, this request is not medically necessary.