

Case Number:	CM14-0152258		
Date Assigned:	09/22/2014	Date of Injury:	04/18/2007
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 61 year old male with a 4/18/07 injury date. The mechanism of injury was not provided. In a 9/4/14 follow-up, subjective findings included lumbar spine pain with acute spasms. Objective findings included bilateral sacroiliac joint tenderness and positive bilateral Gaenslen's and Fabere's tests. There were trigger points in the bilateral lumbar paraspinal muscles and decreased sensation in the feet. Four trigger point injections were given in the lumbar musculature and positive twitch responses were noted. The provider noted the patient had 75% relief following previous trigger point injections. After prior injections, the provider notes that the patient had functional improvement in the form of improved lumbar range of motion and decreased spasm. In a 9/18/14 letter of appeal, the provider reaffirms that the patient has consistently had classic twitch responses with referred pain, and does not have any radiculopathy. Diagnostic impression: myofascial pain syndrome, chronic lumbar strain. Treatment to date: chiropractic care, trigger point injections, medications, medial branch block, epidural steroid injections, acupuncture. A UR decision on 9/11/14 denied the request for 4 trigger point injections on the basis that there was no documentation of functional improvement in between injections

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger point injections: Overturned

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: CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In the present case, the medical necessity appears to be established because the patient has had trigger point injections in the past and there is documented 50% or greater pain relief with functional improvement for at least 6 weeks afterwards. After the latest procedure, the functional improvement is documented as improved lumbar range of motion (9/4/14 note) and improved ADL's (9/17/14 note). In addition, there are positive twitch responses and referred pain, which supports the diagnosis of myofascial pain syndrome. The patient has had extensive conservative treatment modalities, which have failed. Therefore, the request for 4 trigger point injections is medically necessary.