

Case Number:	CM14-0153018		
Date Assigned:	09/23/2014	Date of Injury:	12/14/1998
Decision Date:	12/04/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old female who was injured on 12/14/1998. She was diagnosed with degeneration of lumbosacral intervertebral disc, myalgia and myositis, chronic pain syndrome, lumbosacral radiculitis, spasm of muscle, lumbago, lumbar facet joint pain, sacroiliitis, and drug-induced constipation. She was treated with physical therapy, ice, heat, home stretching, muscle relaxants, opioids, anti-depressants, trigger point injections, and lumbar medial branch radiofrequency rhizotomy. On 8/28/14, the worker was seen by his pain management physician complaining of her ongoing chronic low back pain with leg radiation and muscle spasm without change and requesting trigger point injection as well as refills on her medications which included Opana ER, Soma, Norco, Lexapro, and an asthma inhaler. She reported doing her activities of daily living "as best as possible" with the use of her medications. Physical examination findings included slow gait, tenderness of the lumbosacral spine and buttocks, reduced lumbar range of motion, negative Patrick's maneuver, and negative straight leg raise test. She was then recommended to continue with her then current medications and stretching at home. She was also recommended a trigger point injection in the lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right deep lumber fascia trigger point injection with ultrasound: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, who was recommended a lumbar trigger point injection, there was not sufficient evidence of a trigger point being present as this was not documented in the physical examination notes. It was reported that she benefited from the previous trigger point injection which provided approximately 2 months relief of pain, however the date which this occurred was not provided in the notes. Without clear documented evidence of trigger points being present, the injection will not be considered medically necessary.