

Case Number:	CM14-0165595		
Date Assigned:	10/10/2014	Date of Injury:	09/06/2012
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 61 year old male with date of injury 9/6/12. The treating physician report dated 9/10/14 indicates that the patient presents with chronic lower back pain. The physical examination findings reveal focal tenderness and spasm in the bilateral paraspinal musculature of the lumbosacral spine. Prior treatment history includes recent aqua therapy that did help a little bit. The current diagnoses are: 1.Moderately advanced DDD at L5/S12.Minimal DDD at L4/53.Associated trigger points with muscle spasms in the bilateral paraspinal musculature of the lumbosacral spine.The utilization review report dated 9/30/14 denied the request for trigger point injections L4/5 and L5/S1 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injections at L4-L5 and L5-S1: 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 MTUS Trigger point injections Page(s): 122.

Decision rationale: The patient presents with chronic lower back pain. The current request is for Retrospective request for trigger point injections L4-L5, L5-S1. The treating physician report dated 9/10/14 states, "The patient is indicated for bilateral trigger point injections in the paraspinal musculature in the lumbosacral spine today for alleviation of symptomatology". The MTUS guidelines state: "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: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, while the treater indicates a diagnosis of trigger points with muscle spasms, he fails to specifically document any circumscribed trigger points with twitch response with associated referred pain. Without the specific documentation of trigger points and the appropriate features on examination, these injections are not supported by the MTUS guidelines simply for chronic back pain. Therefore, the retrospective trigger point injections at L4-L5 and L5-S1 are not medically necessary and appropriate.