

Case Number:	CM14-0169492		
Date Assigned:	10/17/2014	Date of Injury:	02/08/1997
Decision Date:	11/24/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back reportedly associated with an industrial injury of September 8, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and trigger point injection therapy at various points in the course of claim, including in April 2014. In Utilization Review Report dated September 23, 2014, the claims administrator denied a request for trigger point injection to the lumbar paraspinous region. The claims administrator did note that applicant had had prior trigger point injections in April 2014. The applicant's attorney subsequently appealed. In a September 12, 2014, progress note, the applicant reported ongoing complaints of low back pain and left shoulder pain. The applicant was not working and was receiving Social Security Disability Insurance (SSDI), it was acknowledged. The applicant was using Suboxone for pain relief, it was noted. The applicant alleged that she had developed gastritis from years of opioid usage. Ongoing complaints of low back pain radiating to the right leg were appreciated with numbness about the digits. Trigger point injections were apparently given. It was stated that the applicant had previously been given a 91% whole person impairment rating through a medical-legal evaluation. It was stated that repeat trigger point injections would also be sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger point injection to the lumbar paraspinals between 9/19/2014 and 11/3/2014:
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: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, the request in question represents a request for repeat trigger point injection. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of trigger point injections should be predicated in evidence of functional improvement with earlier injections. In this case, however, the applicant is off of work. The applicant has been given a 91% whole person impairment rating. The applicant remains highly dependent on opioid agents such as Suboxone and non-opioid agents including Neurontin, Lidoderm, and Zofran. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple prior trigger point injections at various points over the course of the claim. Therefore, the request for a repeat trigger point injection is not medically necessary.