

Case Number:	CM14-0169739		
Date Assigned:	10/20/2014	Date of Injury:	03/15/2012
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
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 Orthopedic Surgery 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:

According to the records made available for review, this is a 54-year-old female with a 3/15/12 date of injury, and status post L5-S1 fusion 1997. At the time (10/7/14) of request for authorization for retrospective request for trigger point injection to the paralumbar region (DOS 9/24/14), there is documentation of subjective (severe low back pain) and objective (lumbar spine decreased range of motion, palpable muscle spasms across the lower lumbar region, increased pain on lumbar extension, tenderness over the facet joints lower lumbar spine, positive facet loading, trigger points identified in the paralumbar region) findings, current diagnoses (status post L5-S1 fusion, lower back pain, L4-5 facet arthropathy, L3-4 and L4-5 disc protrusions, lumbago, and spasm of muscle), and treatment to date (facet blocks, medications and epidural steroid injections). 9/24/14 medical report identifies that trigger point injections to the paralumbar region have been very helpful for pain management. In addition, 9/24/14 medical report identifies that 3 separate trigger point injections were identified. There is no documentation of greater than 50% pain relief for six weeks after previous injection, documented evidence of functional improvement, and that injections were not done at an interval of less than two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for trigger point injection to the paralumbar region (DOS 9/24/14):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Trigger point injections, Postsurgical Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion, lower back pain, L4-5 facet arthropathy, L3-4 and L4-5 disc protrusions, lumbago, and spasm of muscle. However, despite documentation that previous lumbar trigger point injections were very helpful, there is no documentation of greater than 50% pain relief for six weeks after previous injection, documented evidence of functional improvement, and that injections were not done at an interval of less than two months. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for trigger point injection to the paralumbar region (DOS 9/24/14) is not medically necessary.