

Case Number:	CM14-0175101		
Date Assigned:	10/28/2014	Date of Injury:	04/25/2001
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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 Medicine and is licensed to practice in Texas & 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 43 year old female who was injured on 4/25/2001. The diagnoses are post laminectomy back syndrome, lumbar radiculopathy, left shoulder and low back pain. On 9/2/2014, [REDACTED] / [REDACTED] noted that the patient reported reasonable analgesia and improvement in function with utilization of the pain medications. There was objective finding of localized trigger points over the left lumbar paraspinal areas. The UDS on 6/2/2014 was inconsistent with non prescribed methadone and oxycodone metabolites in addition to the prescribed fentanyl. The medications are gabapentin, fentanyl patch, Dilaudid and hydrocodone for pain and Tizanidine for muscle spasm. The patient is utilizing Colace, Senokot and lactulose for constipation. The patient is also utilizing Valium, Wellbutrin and Cymbalta for non- specified conditions from another provider. A Utilization Review determination was rendered on 9/22/2014 recommending non certification for lumbar trigger point injections X4 date of service 9/2/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Trigger Point Injections times four (4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic musculoskeletal pain when conservative treatment with medications and PT have failed. The records indicate that the patient reported significant pain relief with functional improvement with the utilization of the pain medications. There is no documentation that PT or home exercise program to treat the localized lumbar muscle pain have failed. The utilization of multiple high dose opioid and psychiatric medications is associated with hyperalgesia states and decreased efficacy of interventional pain procedures. The criteria for Lumbar trigger points injections X4 was not met. Therefore the request is not medically necessary.