

Case Number:	CM14-0175409		
Date Assigned:	10/28/2014	Date of Injury:	10/24/2007
Decision Date:	12/26/2014	UR Denial Date:	09/26/2014
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 and Florida. 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 48 year old male who was injured on 10/24/2007. The diagnoses are bilateral shoulders, bilateral knees, cervical, thoracic, lumbar spine pain. The past surgery history is significant for right shoulder surgery and bilateral knees arthroscopies. The patient completed PT, joints injections with steroid injections and Synvisc. On 9/5/2014, [REDACTED] noted subjective complaint of pain located in multiple joints and along the spine from cervical to lumbar. The low back pain radiated to the anterior thigh. There were objective findings of lumbar paraspinal muscle guarding, rigidity, and tender trigger points. The range of motion of the lumbar spine was decreased. The sensation was decreased on the L5-S1 dermatomes of the right lower extremity. The examination of the knees was significant for crepitus, tenderness and positive McMurray's test. It was noted that previous lumbar trigger point injections provided 1 week of pain relief. A recent MRI of the lumbar was completed. The report was not available. The medications are Ultram, Anaprox and Norco for pain and Fexmid for muscle spasm. A Utilization Review determination was rendered on 9/26/2014 recommending non certification for lumbar trigger point injections X4 DOS 9/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Trigger Point Injections x4 DOSL 09/05/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections/ Criteria for the use of trigger point in.

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 addressed the use of interventional pain procedures for the treatment of chronic low back pain. The guidelines recommend that interventional pain procedures can be utilized when conservative treatments with medications and physical therapy have failed. The records indicate that the patient have subjective and objective findings indicative of discogenic pain with lumbar radiculopathy and associated overlying lumbar muscle spasm. The patient had recently completed MRI but the report was not available for this review. The provider had indicated that previous trigger point injections had provided temporary pain relief lasting only 1 week. This was not a significant sustained pain relief to warrant multiple repeats of trigger point injections of local anesthetics and steroids. There is increased danger of medication related adverse effects. Addressing the underlying pathology following the MRI recommendation will provide a longer lasting pain relief and functional restoration. The criteria for lumbar trigger point injection X4 date of service 9/5/2014 was not met.