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| Case Number: | CM14-0181810 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 10/21/2008 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/21/08. A utilization review determination dated 10/9/14 recommends non-certification of trigger points. 10/1/14 medical report identifies 50-60% relief from SI joint injections on 8/7/14. Lumbar paraspinal pain seems to be worse. Medications provide 50-60% relief and allow for ADLs with no side effects. On exam, there is tenderness and pain is exacerbated rising from a seated position and by extension. The provider noted that the last SI joint injection provided greater than 50% relief, but then a recommendation for "bilateral sacral TPIs" was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacral trigger point injections x 3 under ultrasound guidance for lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

Decision rationale: Regarding the request for bilateral sacral trigger point injections x 3 under ultrasound guidance for lumbar spine, it is unclear if the request is for sacroiliac joint injections

or trigger point injections. For trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. For sacroiliac joint injections, history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. There should be at least >70% pain relief obtained for 6 weeks before consideration for repeat blocks. Within the documentation available for review, in addition to the conflicting information regarding sacroiliac joint injections versus trigger point injections, the criteria for either procedure have not been met. There is no indication on exam of the presence of either sacroiliac joint dysfunction (with at least three positive provocative exam findings) or trigger points (defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain). Furthermore, prior injections are not documented to provide at least 70% relief (for SI joint injections) or functional improvement. Given the lack of clarity regarding the above issues, the requested bilateral sacral trigger point injections x 3 under ultrasound guidance for lumbar spine are not medically necessary.