

Case Number:	CM14-0021780		
Date Assigned:	05/07/2014	Date of Injury:	12/23/2008
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The injured worker is a 50 year old male whose date of injury is 12/23/2008. The mechanism of injury is described as cumulative trauma. Permanent and stationary evaluation dated 03/12/14 indicates that treatment to date includes diagnostic testing, epidural steroid injections, two level microdiscectomy on 06/07/12, trigger point injections and medication management. On physical examination there is tenderness in the left iliolumbar ligament with muscle spasms and trigger points in the left lumbosacral paraspinal muscles. Straight leg raising is positive at 40 degrees. Diagnoses are listed as left lumbosacral strain, left lumbosacral radiculopathy, status post lumbar spine surgery and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS ULTRASOUND GUIDED FOR THE LUMBER SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: Based on the clinical information provided, the request for trigger point injections for the lumbar spine is not recommended as medically necessary. The submitted records fail to document at least 50% pain relief for at least 6 weeks after prior trigger point injections as required by California Medical Treatment Utilization Schedule (CAMTUS) guidelines. CAMTUS guidelines also note that trigger point injections can only be performed when radiculopathy is not present. The injured worker presents with a diagnosis of lumbosacral radiculopathy. Therefore, the request is not medically necessary.