

Case Number:	CM14-0024772		
Date Assigned:	06/11/2014	Date of Injury:	06/14/2012
Decision Date:	08/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 59-year-old female with a reported date of injury on 06/14/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar radiculopathy, chronic pain, status post open reduction an internal fixation of the left hip fracture with residuals. Her previous treatments were noted to include a caudal epidural steroid infusion, and medications. The injured worker received a trigger point injection 07/25/2013. The progress note dated 01/15/2014 revealed the injured worker complained of low back pain that radiated to her bilateral lower extremities. The injured worker also complained of neck pain that radiated to her bilateral upper extremities. The injured worker's average pain level was 6/10 with medications and 10/10 without medications. The physical examination revealed the range of motion of the lumbar spine was moderately reduced secondary to pain. There was spinal vertebral tenderness noted in the lumbar spine at L4-S1 level. The lumbar myofascial tenderness was noted upon palpation. The sensory examination revealed no change to sensory and motor examination revealed no change. There were myofascial trigger points noted on palpation and the bilateral rhomboid muscles and bilateral paraspinous muscles. Two trigger point injections were performed at that time and the injured worker reported pain relief following the injection. The progress note dated 05/07/2014 revealed the injured worker complained of low back pain that radiated down her bilateral lower extremities aggravated by standing and walking and had frequent muscle spasms. The injured worker rated her pain 5/10 with medications and 9/10 without medications and reported her pain had worsened since her last visit. The examination of the lumbar spine revealed tenderness upon palpation to the spinal vertebral and the area of L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. The sensory examination showed decreased sensitivity in both lower extremities and motor examination showed decreased strength of the extensor muscles along the

L5-S1 dermatome and bilateral lower extremities along with a positive straight leg raise test. The request for authorization form was not submitted within the medical records. The request is for trigger point injections 3 cc 25 PCT bupivacaine administered on 01/15/2014 due to back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS 3CC 25 PCT BUPIVICAINE ADMINISTERED ON 1/15/14: 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): page 122.

Decision rationale: The request for trigger point injections 3 cc 25 PCT bupivacaine administered on 01/15/2014 is not medically necessary. The injured worker has signs and symptoms consistent with radiculopathy. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome. The guidelines do not recommend trigger point injections for radicular pain. The criteria for the use of trigger point injections are documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms have persisted for 1 to 3 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 examination, imaging, or neuro testing), and no more than 3 to 4 injections per session. No repeat injections unless greater than 80% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. The documentation provided indicated the injured worker had previous trigger point injections in 07/2013 with limited results. The documentation indicated radiculopathy symptoms and the request failed to provide the number of injections requested. Therefore, the request is not medically necessary.