

Case Number:	CM14-0025781		
Date Assigned:	06/13/2014	Date of Injury:	04/04/2003
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 57-year-old male with a 4/4/03 date of injury. At the time (1/9/14) of the request for authorization for retrospective one bilateral paralumbar musculature trigger point injections (total of six injection sites), there is documentation of subjective (low back pain on a constant basis radiating into the lower extremities, neck pain that extends into the crown of his head as well as down the bilateral shoulders, left shoulder pain, and left knee pain) and objective (forward head carriage with significant muscular spasms palpated over the paravertebral musculature extending the trapezium levator scapula bilaterally, decreased cervical range of motion, positive cervical compression reproducing radicular complaints, triceps strength 4+5 on the right and wrist extension 4/5 on the right, hypersensitivity of the left C8 dermatomal pattern, lumbar lordosis is significantly diminished, significant muscular tenderness throughout the lumbar paraspinal musculature specifically into the TL junction and down into the quadratus lumborum with taut muscle bands and acute muscle spasms noted, decreased lumbar range of motion, and pinwheel hyperesthesia along the L3 and L4 dermatomal pattern) findings, current diagnoses (chronic lumbar sprain and strain, lumbar myofascitis, lumbar myospasm, lumbar radiculopathy, rule out lumbar disc syndrome, chronic cervical disc syndrome, cervical radiculitis, and cervical myofascitis), and treatment to date (medication, physical therapy, and chiropractic care). There is no documentation that radiculopathy is not present and no more than 3-4 injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: ONE BILATERAL PARALUMBAR MUSCULATURE TRIGGER POINT INJECTIONS (TOTAL OF SIX INJECTION SITES): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints / trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three 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 exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar sprain and strain, lumbar myofascitis, lumbar myospasm, lumbar radiculopathy, rule out lumbar disc syndrome, chronic cervical disc syndrome, cervical radiculitis, and cervical myofascitis. In addition, there is documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. However, given documentation of low back pain on a constant basis radiating into the lower extremities and neck pain that extends into the crown of his head as well as down the bilateral shoulders, there is no documentation that radiculopathy is not present. In addition, given that the request is for a total of six injection sites, there is no documentation of no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for retrospective one bilateral paralumbar musculature trigger point injections (total of six injection sites) is not medically necessary.