

Case Number:	CM14-0026549		
Date Assigned:	06/25/2014	Date of Injury:	08/12/2013
Decision Date:	07/25/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Internal 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:

The patient is an injured worker with a thoracic and lumbosacral conditions. Date of injury was 08-12-2013. A Progress note 01/10/2014 documented subjective complaints of sacrum pain, coccyx pain, pain in the upper back, mid back, lower back. In the low back, the pain was most severe around the tailbone. The patient reports that 60% of the pain is in the low back and 40% of the pain is a mid back. Physical examination reported myofascial trigger points are noted in the thoracic paraspinals. The deep palpation causes reproduction of his pain and a twitch response as well as causes radiation to go into the into the scapula and the flanks. Tenderness to palpation is noted in the gluteal and coccygeal soft tissue and tenderness to palpation is noted over the bilateral sacroiliac joint. Tenderness to palpation is noted over the bilateral trochanteric bursa. Tender myofascial trigger points are noted in the bilateral gluteal myofascial trigger points. Deep palpation reproduces her symptoms and causes a twitch response and radiation into the buttocks and legs. Straight leg raising is negative. The patients assessment included lumbar-spine degenerative disc disease (DDD), coccydynia, thoracic-spine compression fracture, thoracic-spine DDD, symptomatic thoracic-spine myofascial pain. The request for authorization (RFA) dated 10-10-2014 documented diagnosis coccydynia and request myofascial trigger point injections with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guidance Myofascial Trigger Point Injections to be Done in Office: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield of Tennessee Medical Policy Manual, Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 300. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic); Neck and Upper Back (Acute & Chronic).

Decision rationale: The MTUS ACOEM states trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ACOEM Neck and Upper Back Complaints chapter states, invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points) have no proven benefit in treating acute neck and upper back symptoms. The Work Loss Data Institute guideline on the Neck and Upper Back (acute and chronic) states that trigger point injections are not recommended. The ODG and the Work Loss Data Institute guidelines for low back, upper back, and neck state that diagnostic ultrasound is not recommended. The Patient is an injured worker with a thoracic and lumbosacral conditions. The MTUS, ACOEM, ODG, and the Work Loss Data Institute guidelines do not support the medical necessity of trigger point injections with ultrasound guidance. Therefore, the request for ultrasound guidance myofascial trigger point injections to be done in office is not medically necessary.