

Case Number:	CM14-0028915		
Date Assigned:	06/18/2014	Date of Injury:	12/12/1993
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of December 12, 1993. Thus far, the applicant has been treated with analgesic medications, opioid therapy, muscle relaxants, earlier lumbar spine surgeries, and unspecified amounts of physical therapy over the life of the claim. In a progress noted dated January 16, 2014, the applicant reported heightened complaints of 9/10 low back pain radiating to the bilateral lower extremities. The applicant was using Flexeril, Norco, OxyContin, testosterone, Lidoderm, Colace, Gabitril, senna, Zonegran, and lactulose. The applicant was described as depressed and sad. The applicant was overweight with BMI of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS (FOUR VISITS, THREE PER VISIT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are indicated in the treatment of myofascial pain, with limited lasting value.

Trigger point injections are not recommended for the radicular pain present here. In this case, the applicant has ongoing complaints of low back pain radiating to legs. The MTUS Chronic Pain Medical Treatment Guidelines further states that repeat trigger point injections should not be performed without evidence of functional improvement with earlier injections. In this case, however, the attending provider wants to perform four series of trigger point injections without interval assessment of the claimant to ensure ongoing functional improvement with each set of injections. As such, the request is not medically necessary.