

Case Number:	CM14-0031882		
Date Assigned:	06/20/2014	Date of Injury:	09/06/2012
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain Management 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 presented with the date of injury of September 6, 2012. A Utilization Review was performed on March 7, 2014 and recommended non-certification for trigger point injections to lumbar paraspinal muscles administered 2/14/14. A Progress Report dated February 14, 2014 identifies persistent low back pain. He is getting shooting pain down both legs now. He notes trigger point injections do help with muscle spasms in his low back. Objective Findings identify tenderness in the lumbar paraspinal muscles. Flexion to 45 degrees reproduces low back pain as well as shooting pain down both legs to the thighs. Sensation to light touch is slightly diminished in the left L5 distribution. Diagnoses identify lumbar disc displacement, lumbar spondylosis, and chronic pain syndrome. Treatment Plan identifies trigger points injections were performed in the lumbar paraspinal muscles on each side.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS TO LUMBAR PARASPINAL MUSCLES ADMINISTERED 02/14/14 QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309, Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. Chronic Pain Medical Treatment Guidelines additionally recommend no more than 3-4 injections per session. The Official Disability Guidelines (ODG) states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. Furthermore, there is no documentation of at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks, as a result of previous trigger point injections. Finally, the 8 injections administered exceeded guidelines recommendations of no more than 3-4 injections per session. In light of such issues, the requested trigger point injections to lumbar paraspinal muscles administered on 2/14/14 quantity 8 are not medically necessary and appropriate.