

Case Number:	CM14-0032155		
Date Assigned:	04/09/2014	Date of Injury:	07/17/2012
Decision Date:	05/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 51 year-old male with date of injury 7/17/12. The treating physician report dated 11/15/13 indicates that the patient presents with chronic pain affecting the lumbar spine, right hip and right hand with pain levels averaging a 5/10 on the VAS. The current diagnoses are: 1. 719.44 2. 719.45 The utilization review report dated 1/22/14 denied the request for Trigger Point injections for the lumbar spine based on failure to meet the criteria per clinical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS FOR LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 22.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine, right hip and right hand. The request is for trigger point injections for the low back. The treating physician report dated 9/27/13 states: "Today, he presents with additional symptoms in his left shoulder, which appeared to have arisen out of his continuing to perform modified work."

Examination showed "obvious findings of trigger point in the rhomboid muscle." On 11/15/13, the treater found myofascial points in the quadratus lumborum. The MTUS guidelines state: "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, while the treater indicates trigger points and myofascial findings on examination, he fails to specifically document "circumscribed trigger points with" twitch response as well as referred pain. Without the specific documentation of trigger points and its features on examination, these injections are not supported by the MTUS guidelines. Recommendation is for denial. MTUS goes on to state: "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain." There is no documentation of myofascial trigger points being present. Recommendation is for denial.