

Case Number:	CM14-0033761		
Date Assigned:	06/20/2014	Date of Injury:	05/25/1996
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 injured worker is a 63 year old male who reported an injury on 05/25/1996 of unknown mechanism. The injured worker complained of difficulty coping with chronic low back and neck pain radiating into left lower extremity and into bilateral upper extremities. Physical examination on 03/05/2014 revealed tenderness over the posterior cervical paraspinals muscles from C3 through C7. Trigger points were identified in the upper cervical paraspinals muscles bilaterally. Tenderness over lower lumbar paraspinals muscles from L3 through L5. Lumbar flexion was to 30 degrees, extension was to 10 degrees. Straight leg raise bilaterally was positive. Diagnostic studies were not submitted in the document. The diagnoses were cervical disc displacement without myelopathy, sciatica, lumbar disc displacement without myelopathy, syndrome cervicocranial, syndrome cervicobrachial. Medications were pantoprazole, hydrocodone, methadone, Lyrica, baclofen, Plavix, promethazine. The treatment plan was for a series of three trigger point injections for the lumbar spine. The rationale was not reported. The request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three trigger point injections for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Criteria for the use of Trigger Point Injections Page(s): 122.

Decision rationale: The request for series of three trigger point injections for the lumbar spine is non-certified. The injured worker has had trigger joint injections in the past with 80% pain relief that lasted for 24 hours. He was also given epidural steroid injection but not the full dose due to elevated blood glucose. Also he has had acupuncture treatments. There were no reports of physical therapy, home exercise with or without mechanical assistance. California Medical Treatment Utilization Schedule states for chronic low back or neck pain with myofascial pain syndrome when the following criteria is met, documentation of circumscribed trigger points with evidence upon palpation of a twitch or referred pain, symptoms persisted for more than three months, 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), not more than 3-4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for six weeks after injection and there is documented evidence of functional improvement, frequency should not be at an interval less than two months, trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker only had pain relief for 24 hours after previous trigger point injections. Also there is no report of physical therapy or home exercises or stretching documented. Therefore, the request is not medically necessary.