

Case Number:	CM14-0039074		
Date Assigned:	06/27/2014	Date of Injury:	04/28/1999
Decision Date:	08/20/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported injury on 04/28/1999. Part of therapies include physical therapy and trigger point injections. Mechanism of injury was not provided. The documentation of 03/21/2014 revealed the injured worker had persistent low back pain. The injured worker had increasing low back pain recently. The documentation indicated the injured worker had undergone trigger point injections in the past with good relief of symptoms for several months. Additionally, it was indicated the injured worker had been exercising and stretching and utilizing Motrin 800 mg. The physical examination revealed 3+ tenderness in the area of the posterior superior iliac spine on the left with a twitch-like response and palpable muscle spasm. The treatment plan included ultrasound-guided trigger point injections. The documentation indicated they had helped the injured worker greatly in the past and lasted for extended periods of time. The injured worker was noted to have myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided trigger point injection for the left posterior iliac spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines, TPIs (trigger point injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, page 121, 122 Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend trigger point injections for the treatment of chronic low back pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Additionally, they indicate that no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after injection and when there is documentation of documented evidence of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had prior injections with good relief of symptoms for several months. However, there was a lack of documentation of at least 50% pain relief and documentation of objective functional improvement. Given the above, the request for ultrasound-guided trigger point injection for the left posterior iliac spine is not medically necessary. Additionally, there was lack of documentation of a circumscribed trigger point with evidence upon palpation of a twitch response and referred pain.