

Case Number:	CM14-0041450		
Date Assigned:	06/20/2014	Date of Injury:	01/22/2008
Decision Date:	07/17/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/12/2014

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:

This 50 year-old patient sustained an injury on 1/22/08 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include 1 Trigger Point Cortisone Injection To Lower Back/Lumbar. Hand-written brief report of 11/15/13 from the provider noted patient with increased low back pain; doing some job. Exam showed positive tenderness, trigger point left lower lumbar area with decreased ROM (no degrees or planes specified). Diagnosed were lumbar sprain/DJD and HNP of L-S with plan for trigger point injections to lumbar area. Hand-written brief report of 2/12/14 from the provider noted the patient with ongoing severe low back pain. Exam showed tenderness of distal portion; incision with trigger point at that area; limited range of motion in the lower back (no degrees or planes specified). Diagnoses unchanged. Treatment plan included await authorization for PT 3x4 and Continue with trigger point. Request(s) for 1 Trigger Point Cortisone Injection To Lower Back/Lumbar was non-certified on 3/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRIGGER POINT CORTISONE INJECTION TO LOWER BACK/LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Clinical evaluation indicates the patient rating his pain level as 10/10. Examination of the lumbar spine show decreased range of motion due to pain with paraspinal muscle trigger points; however, there is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Per MTUS Chronic Pain Treatment Guidelines, criteria for the use of Trigger point injections also include no repeat injections unless there is a greater than 50% pain relief obtained for at least six weeks after an injection and there is documented evidence of functional improvement, none of which are apparent here. The patient has no report of pain relief nor are there any increased daily activities and function or decrease in medication dosing for this 2008 injury. The 1 trigger point cortisone injection to lower back/lumbar is not medically necessary and appropriate.