

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0041851 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 09/24/2009 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 & 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 56-year-old male who reported an injury on 09/24/2009. The mechanism of injury was noted to be a fall. His diagnoses include lumbar degenerative disc disease, myofascial pain, and lumbar radiculopathy. His previous treatments were noted to include facet joint injections, epidural steroid injections, Norco, and Flexeril. A 02/14/2014 clinical note indicated that the injured worker presented with low back pain with radiation into the left hip and buttock, rated at a 5/10. His physical examination revealed full range of motion of the lumbar spine, except for a limitation to 20 degrees in extension due to pain, a positive left straight leg raise, and tenderness to palpation over the bilateral lower lumbar facet joints and bilateral lumbar paravertebral musculature. The treatment plan included trigger point injections of the lumbar paravertebral musculature to treat tender trigger points and myofascial pain, particularly at the ilio insertion bilaterally. A Request for Authorization form was submitted for a trigger point injection on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Page(s): 122.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are only recommended for myofascial pain syndrome with documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain; symptoms persistent for more than 3 months; initially recommended treatment has been unsuccessful in controlling pain; and there is no radiculopathy by physical exam or diagnostic testing. The clinical information submitted for review indicated that the injured worker has myofascial pain syndrome and tender trigger points in the lumbar paravertebral muscles. However, there was no documentation of a twitch response upon palpation or referred pain. In addition, it was noted that the injured worker had been treated with medications and injections. However, the documentation did not indicate that he had been treated with exercise therapy, to include a home exercise program and/or physical therapy. In addition, the documentation clearly showed that the injured worker has radiculopathy on physical examination and diagnostic studies and had positive effects from a recent epidural steroid injection. Therefore, the criteria for trigger point injections have not been met and are not supported by the evidence-based guidelines. Therefore, the request for trigger point injections for the lumbar spine is not medically necessary and appropriate.