

Case Number:	CM14-0042362		
Date Assigned:	06/30/2014	Date of Injury:	02/11/2000
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 44-year-old female with a 2/11/00 date of injury. At the time (3/27/14) of the request for authorization for two trigger point injections time two to the lumbosacral spine (lower back) as an outpatient, there is documentation of subjective (low back pain 7-9/10) and objective (2+3 spasm lumbar spine paravertebrals with twitch) findings. The current diagnoses include back pain and myofascitis. The treatment to date include trigger point injections with greater than 50 percent pain reduction and increase in activities of daily living. There is no documentation of pain relief obtained for six weeks after an injection and injections not at an interval less than two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) trigger point injections, times two to the lumbosacral spine (lower back) as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2, Summary of Low Back Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: www.odg-twc.com.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies criteria for the use of trigger point injection include: documentation of myofascial pain syndrome, circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms have persisted for more than three months, medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing), and no more than three to four injections per session. Additionally, the MTUS = identifies documentation of greater than 50 percent pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of back pain and myofasciitis. In addition, there is documentation of previous trigger point injections with greater than 50 percent pain reduction and increase in activities of daily living. However, there is no documentation of pain relief obtained for six weeks after an injection and injections not at an interval less than two months. Therefore, based on MTUS guidelines and a review of the evidence, the request for the two trigger point injections times two to the lumbosacral spine (lower back) as an outpatient is not medically necessary.