

Case Number:	CM14-0043331		
Date Assigned:	06/20/2014	Date of Injury:	01/03/2003
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
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 Illinois. 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 who is 62-year old male who reported an injury on 01/03/2003 due to a work related industrial injury. The injured worker underwent an L5-S1 fusion in 2003, with subsequent hardware removal in 2004. The injured worker had a history of laminectomies in 1989 and 1993; however, the levels were not stated. On 04/11/2012 the injured worker underwent an MRI that revealed L5-S1 interbody fusion and decompression laminectomy. L1-2 diffuse disc protrusion was noted with effacement of the thecal sac and bilateral neural foraminal stenosis exerting pressure over the left and right L3 exiting nerve roots, more so on the right than left. There was an L4-5 focal central disc protrusion with annular tear superimposed on diffuse disc bulging indenting the thecal sac, and bilateral neural foraminal stenosis that encroached the left and right L4 exiting nerve roots. On the MRI done on 09/11/2013 it revealed an L4-5 broad-based disc protrusion that abutted the thecal sac. It was also noted that there was combined facet ligamentum flavum hypertrophy, spinal canal narrowing and bilateral lateral recess and neuroforaminal narrowing and a left posterolateral fissure/tear noted. On 1/30/2014 the injured worker complained of chronic low back pain and he could hardly move. It was noted the injured worker pain level was 7/10/ on the physical examination done on 01/30/2014 revealed left lower extremity radiation low back pain. It was noted the pain traverses to S1 distribution terminating plantar left foot and left gluteus. There was tenderness to palpation at the left piriformis and the sciatic notch. L5-S1 distribution had weakness on the left and there was pain with the heel-toe walking. It was noted there was exquisite tenderness to palpation at the lower left lumbar paraspinal muscle with twitch/trigger point elicited. The straight leg test was positive bilateral. The injured worker diagnoses included status lumbar fusion, lumbar facet arthropathy, chronic low back pain and lumbar facet syndrome. It was noted the injured worker had multiple trigger point injections which helped with the most recent one dated on 01/23/2013. The injured worker

medication included Ultram ER 150mg, Prilosec and Anaprox. The treatment plan includes a decision for 1 trigger point injection lumbar spine, 1cc Celestone 2cc Marcaine. The request for authorization was submitted on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 trigger point injection lumbar spine, 1cc Celestone 2cc Marcaine: 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 1 trigger point injection lumbar spine, 1cc Celestone 2cc Marcaine is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommends trigger point injections only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myo- fascial trigger points are present on examination. Not recommended for typical back pain or neck pain) for fibromyalgia syndrome, trigger point injections have not been proven effective. The guidelines also states trigger point injections may be used with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3)Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) 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 diagnoses included Status lumbar fusion, lumbar facet arthropathy, chronic low back pain and lumbar facet syndrome. It was documented that the injured worker has had trigger point injections in the past but there was lack of evidence in regards of the response to the trigger point injection for the injured worker. The guidelines also states that there should be evidence of functional improvement and six weeks of pain relief after the injection is given however, there was lack of documentation provided if the injured worker had functional improvement from the

previous trigger point injections. In addition, there was lack of evidence noted on 01/30/2014 regarding the injured worker medication management/relief and any conservative care the injured worker has done including home care exercise program. Given above, the request for 1 trigger point injection lumbar spine, 1cc Celestone 2cc Marcaine is not medically necessary and appropriate.