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| Case Number: | CM14-0043785 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/05/1999 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 04/11/2014 |

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 62-year-old female with a reported date of injury on 11/05/1999. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses were noted to include chronic pain syndrome, status post L3-S1 global fusion, right lumbar radiculopathy, lumbar degenerative disc disease, L2-3 and L3-4 spinal stenosis, cervical degenerative disc disease, cervical facet joint disease, and chronic migraine headaches. Her previous treatments were noted to include epidural steroid injections, surgery, and medications. The progress note dated 06/26/2014 revealed the injured worker with daily pain which affected her sleep and daily activities. The injured worker described the pain in her low back as constant, dull, shooting, aching, and averaged on a scale of 8/10 with radiation to her legs, mainly to the right leg. The injured worker reported she did not sleep well due to the pain in her low back and neck. The physical examination revealed a low back range of motion limited in all directions and tenderness to palpation along the lumbar paraspinal muscles. The manual muscle testing revealed muscle strength rated 5/5 throughout her bilateral lower extremities except the right ankle dorsiflexion, great toe extension, and plantarflexion, which was 4/5. There was limited range of motion in her neck to the extension and lateral bending. The manual muscle testing revealed muscle strength rated 5/5 to her bilateral upper extremities. Deep tendon reflexes were 2+ and symmetric at the triceps, biceps, and brachioradialis. The Request for Authorization Form was not submitted within the medical records. The request is for 3 trigger point injections; however, the provider's rationale is not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Trigger Point Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker complains of lower back and neck pain. The California Chronic Pain Medical Treatment Guidelines recommend trigger point injections only for myofascial pain syndrome and not for radicular pain. The guidelines' criteria for the use of trigger point injections are documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, symptoms that have persisted for more than 3 months, medical management therapy such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain, radiculopathy is not present by examination, imaging, or neuro testing, no more than 3 or 4 injections per session, no repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after injection and there is documented evidence of functional improvement, and frequency should not be at an interval at less than 2 months. There is a lack of documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, and the injured worker is diagnosed with right-sided lumbar radiculopathy. Therefore, due to the lack of clinical findings regarding circumscribed trigger points with a twitch response and lumbar radicular diagnosis, 3 trigger point injections are not warranted at this time. As such, the request is not medically necessary.