

Case Number:	CM14-0045837		
Date Assigned:	07/02/2014	Date of Injury:	10/14/2009
Decision Date:	07/31/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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 55-year-old male with a 10/14/09 date of injury. At the time of the Decision (3/28/14) for trigger point injections, there is documentation of subjective (lower back pain with spasms radiating to the right leg and top of the right foot with numbness) and objective (spasms in the bilateral thoracic paraspinals, circumscribed trigger points with evidence of twitch response as well as referred pain, and positive facet loading over the right lower lumbar spine) findings. The current diagnoses include lumbar post-laminectomy syndrome, lumbosacral spondylosis without myelopathy, low back pain, and myalgia/myositis. The treatment to date includes trigger point injections on 2/11/14, with pain relief and decreased medication intake; activity modification; acupuncture; medications; right L5 hemilaminectomy; and lumbar facet injections. There is no documentation of greater than 50% pain relief is obtained for six (6) weeks after an injection, evidence of functional improvement, injections not at an interval less than two (2) months, and no more than three to four (3-4) injections per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injections: 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: The Chronic Pain Medical Treatment Guidelines identify the 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 (3) 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 (3-4) injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally, the guidelines identify the documentation of greater than 50% pain relief is obtained for six (6) weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two (2) 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 lumbar post-laminectomy syndrome, lumbosacral spondylosis without myelopathy, low back pain, and myalgia/myositis. In addition, there is documentation of previous trigger point injections performed on 2/11/14. However, despite documentation of pain relief and decreased medication intake following previous injections, there is no documentation of greater than 50% pain relief is obtained for six (6) weeks after an injection and evidence of functional improvement. In addition, given documentation of a 2/11/14 date of previous injection, there is no (clear) documentation of injections not at an interval less than two (2) months. Furthermore, given documentation of a request for trigger point injections, there is no (clear) documentation of no more than three to four (3-4) injections per session. Therefore, based on guidelines and a review of the evidence, the request for trigger point injections is not medically necessary.