

Case Number:	CM14-0046945		
Date Assigned:	07/02/2014	Date of Injury:	01/01/2008
Decision Date:	08/28/2014	UR Denial Date:	03/29/2014
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 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 54-year-old male who reported an injury on 01/01/2008. The mechanism of injury was not specifically stated. Current diagnoses include status post T12-L1 discectomy, lumbar disc disease, lumbar facet syndrome, bilateral knee sprain, and anxiety with depression. The injured worker was evaluated on 03/07/2014 with complaints of persistent lower back pain with radiation into the lower extremities. Physical examination revealed a wide-based gait, a well-healed surgical scar in the upper lumbar spine, moderate tenderness over the lumbar paraspinal muscles, moderate facet tenderness at L2 through L4, positive sacroiliac tenderness, positive Patrick's and Yoeman's testing, positive sacroiliac thrust testing, positive Kemp's testing, limited lumbar range of motion, positive patellar compression testing in the bilateral knees, positive McMurray's testing on the right, 5/5 motor strength in the bilateral lower extremities and intact sensation. Treatment recommendations included a lumbar medial branch nerve block at L4 through S1 and ultrasound-guided trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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

Decision rationale: The California MTUS Guidelines indicate trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should also be evidence of a failure to respond to medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs and muscle relaxants. As per the documentation submitted, there was no evidence of circumscribed trigger points with a twitch response and referred pain. There was also no evidence of a failure to respond to medical management therapy. Based on the clinical information recommended, the request Ultrasound guided trigger point injection is not medically necessary.