

Case Number:	CM14-0049429		
Date Assigned:	07/07/2014	Date of Injury:	07/23/2012
Decision Date:	08/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for myofascial pain syndrome, chronic low back pain, chronic mid back pain, and chronic shoulder pain reportedly associated with an industrial injury of July 23, 2012. Thus far, the applicant has been treated with the following: Electrodiagnostic testing of October 2012, apparently suggestive but not conclusive for an S1 radiculopathy; two prior epidural steroid injections, per the claims administrator; and unspecified amounts of physical therapy and chiropractic manipulative therapy. In a Utilization Review Report dated March 10, 2014, the claims administrator retrospectively denied three trigger point injections apparently performed on January 29, 2014 reportedly on the grounds that the applicant had not failed conservative treatment, although the applicant was, in fact, several years removed from the date of injury on the date the injection was performed. The applicant's attorney subsequently appealed. Electrodiagnostic testing of October 29, 2012 was suggestive but not conclusive for a left S1 radiculopathy. There was also evidence of left tibial mononeuropathy. On July 1, 2013, the applicant was described as having persistent complaints of back pain radiating to the left leg. The applicant's treating provider interpreted the EMG as also suggestive of lumbar radiculopathy. It was stated that the applicant would best be treated with hemilaminectomy and microdiscectomy surgery. On October 30, 2013, the applicant was given a rather permissive 35- pound lifting limitation. It was suggested on a progress note of October 17, 2013 that the applicant was working as a dishwasher with said limitations in place. The applicant did report a primary complaint of low back pain radiating to the left leg. The applicant was given an operating diagnosis of lumbar radiculopathy. Repeat electrodiagnostic testing of December 26, 2013 was notable for a left L5 radiculopathy. The applicant apparently received trigger point injections on January 29, 2014. Acupuncture was also ordered on that date. It was acknowledged

that the applicant had had multiple epidural steroid injections but still had low back pain radiating to the bilateral lower extremities, left greater than right, on January 29, 2014. The applicant also underwent trigger point injections on this date. It appeared that the applicant again underwent trigger point injections on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Trigger Point Injection to the bilateral trapezius times three (3) for DOS 1/29/2014: 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 topic Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only in the treatment of myofascial pain syndrome, with limited lasting value. Trigger point injections are not recommended in the treatment of radicular pain. In this case, the applicant's primary treating provider has suggested, on several occasions, that the primary operating diagnosis here is, in fact, an active lumbar radiculopathy. The applicant has had two sets of electrodiagnostic testing consistent with the diagnosis of lumbar radiculopathy. The applicant has, furthermore, consulted a spine surgeon, who suggested pursuit of a lumbar laminectomy surgery. It does not appear, thus, that the applicant has an operating diagnosis of myofascial pain syndrome for which trigger point injections would be indicated. Rather, the applicant's concomitant issues with lumbar radiculopathy are relative contraindications to pursuit of trigger point injection therapy. No rationale for pursuit of trigger point injections in the face of the applicant's concomitant lumbar radicular complaints was proffered by the attending provider. Therefore, the retrospective request for trigger point injection to the bilateral trapezius times three (3) for DOS 1/29/2014 is not medically necessary and appropriate.