

Case Number:	CM14-0049849		
Date Assigned:	04/21/2014	Date of Injury:	10/01/2012
Decision Date:	05/20/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 53-year-old female with a 10/1/12 date of injury. At the time (4/8/14) of the decision for trigger point and tender spot injection to lower back and bursa every 3-4 months, there is documentation of subjective (lower, upper, and mid back pain) and objective (tenderness to palpation over the bilateral sacroiliac joint and great trochanteric area with restricted range of motion) findings, current diagnoses (chronic low back pain syndrome, low back pain, limb pain, bilateral greater trochanteric bursitis, bilateral sacroiliac bursitis, myofascial pain syndrome, and neuropathic pain), and treatment to date (aquatic therapy, acupuncture treatments, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT AND TENDER SPOT INJECTIONS TO LOWER BACK AND BURSA EVERY 3-4 MONTHS: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies 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 months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two 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 chronic low back pain syndrome, low back pain, limb pain, bilateral greater trochanteric bursitis, bilateral sacroiliac bursitis, myofascial pain syndrome, and neuropathic pain. In addition, there is documentation that symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical modalities, and medications have failed to control pain. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, given documentation of a diagnosis of neuropathic pain, there is no (clear) documentation radiculopathy is not present. Furthermore, given documentation of the requested trigger point and tender spot injection to lower back and bursa every 3-4 months, there is no (clear) documentation of there being no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for trigger point and tender spot injections to lower back and bursa every 3-4 months is not medically necessary.