

Case Number:	CM14-0050162		
Date Assigned:	07/07/2014	Date of Injury:	05/25/2011
Decision Date:	11/26/2014	UR Denial Date:	03/24/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39 year old male with date of injury 5/25/11. The treating physician report dated 3/17/14 indicates that the patient presents with chronic lower back pain that is constant, rated a 7/10 and the pain radiates to the right lower extremity. The physical examination findings state, "No significant changes noted in the patient's physical exam in this follow-up visit. Patient is alert and in no acute distress." Prior treatment history includes L5 fusion, physical therapy, medications and injections. Lumbar MRI dated 10/22/13 reveals L5/S1 fusion with increasing granulation tissue affecting the right L5/S1 IVF. The current diagnoses are post-laminectomy syndrome lumbar region and chronic lumbar pain. The utilization review report dated 3/24/14 denied the request for cortisone / trigger point injections right elbow and low back based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone/trigger point injections right elbow and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trigger point injection.

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

Decision rationale: The patient presents with chronic lower back pain following lumbar fusion L5/S1 in May 2012 with radiation of pain into the right lower extremity. The current request is for cortisone/trigger point injections right elbow and low back. In reviewing the treating physician report dated 3/17/14 it states, "Patient is here for a bilateral latissimus dorsi trigger point injection at T10-11 using micromax ultrasound. His pain level is 7/10 in his middle back." There is no diagnosis regarding the right elbow found in the records provided. The MTUS guidelines state: "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case the treating physician does not document that the patient is diagnosed with myofascial pain syndrome and there are no physical examination findings regarding any trigger points found affecting T10/11 where the injections were performed. In regards to the right elbow request, there is no clinical documentation of pain, dysfunction, diagnosis or request for treatment of the right elbow. The treating physician has failed to provide documentation to support the current request and the trigger point injections that were performed were nor medically necessary as there no documentation of trigger points as required by the MTUS guidelines. MTUS goes on to state, "Not recommended for typical back pain or neck pain." The recommendation is for denial. In this case the treating physician does not document that the patient is diagnosed with myofascial pain syndrome and there are no physical examination findings regarding any trigger points found affecting T10/11 where the injections were performed. In regards to the right elbow request, there is no clinical documentation of pain, dysfunction, diagnosis or request for treatment of the right elbow. The treating physician has failed to provide documentation to support the current request and the trigger point injections that were performed were nor medically necessary as there is no documentation of trigger points as required by the MTUS guidelines. MTUS goes on to state, "Not recommended for typical back pain or neck pain." The recommendation is for denial.