MAXIMUS Federal Services

Case Number:	CM14-0060103		
Date Assigned:	07/09/2014	Date of Injury:	03/14/2007
Decision Date:	11/17/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/30/2014

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 Internal 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 patient is an injured worker with a history of low back pain and lumbar spondylosis with facet degenerative joint disease. The patient sustained an injury on 03/14/2007. The mechanism of injury occurred when the patient fell off of an extension ladder. Diagnoses included myofascial pain, degenerative disc disease of the lumbar spine, and buttock pain. Physical medicine pain management report dated February 20, 2014 documented chronic low back pain with right leg pain over right anterior thigh and intermittent right foot and right buttock pain with painful spasm. Physical examination was documented. Gait was stable with complaints of low back, right buttock pain and right leg pain. Lumbar spine exam was documented. No swelling, erythema or abnormal warmth was noted. Tenderness to palpation was noted. Mild tenderness was over the midline. Mild tenderness was over the lumbar paraspinal region, right greater than left. Moderate to severe tenderness was over the right buttock, PSIS posterior superior iliac spine region with painful trigger point. Myofascial pain over the lumbar and right buttock region with flareup and painful trigger point was noted. Trigger point injection to right buttock was requested. Primary treating physician's progress report dated February 24, 2014 documented chief complaints midline low back pain with right anterior thigh and dorsal foot pain, neck pain, and left shoulder pain. The patient was complaining of midline low back pain radiating to the medial right thigh and the dorsal right foot. He had intermittent numbness in the medial right thigh and he has paresthesias in the dorsal right foot. He underwent an MRI magnetic resonance imaging scan of the lumbar spine on January 21, 2008. The study showed a compression deformity in the anterior superior portion of the L4 vertebra and mild end-plate compression at the T12 level. At the L3-4 level, there was spinal stenosis with mild bilateral foraminal stenosis. The patient also complained of left shoulder pain and limitation of motion since the injury of March 14, 2007. The patient had limited abduction because of lateral subacromial left lateral

deltoid pain with motion of the left shoulder. Patient uses Norco, Soma, Vicodin, Celebrex, Gabapentin and Nucynta for pain management. Physical examination was documented. The patient is able to walk without any supportive device. Patient's gait is mildly antalgic because of the low back pain. There is no surgical scar or skin lesions noted in the lower back. The paraspinal muscles are symmetrical without any swelling or muscle spasm. Deep tendon reflexes symmetrical bilateral lower extremities. Lumbar spine range of motion demonstrated forward flexion 50 degrees and extension 5 degrees. Straight leg raise was negative. SI sacroiliac joint was nontender. Bilateral lower extremity examination reveals sensation is intact. Utilization review determination date was 4/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION-RIGHT BUTTOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309,Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. MTUS Chronic Pain Medical Treatment Guidelines state that trigger point injections have limited lasting value. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Not recommended for typical back pain or neck pain. 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, including documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain.Medical records documented that physical examination dated 2/20/14 demonstrated tenderness over the right buttock (PSIS) posterior superior iliac spine region with painful trigger point. Myofascial pain over the lumbar and right buttock region painful trigger point was noted. Physical examination dated 2/24/14 documented that the paraspinal muscles are symmetrical without any swelling or muscle spasm and the SI sacroiliac joint was nontender. MTUS Chronic Pain Medical Treatment Guidelines state that a trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. The documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain is required. The medical records do not document a local twitch response as well as referred pain. Therefore, the request for a trigger point injection is not supported. ACOEM guidelines state that trigger point injections are not recommended for lumbosacral conditions. Therefore, the request for Trigger Point Injection-Right Buttock is not medically necessary.