

Case Number:	CM14-0061795		
Date Assigned:	07/09/2014	Date of Injury:	04/04/2008
Decision Date:	08/18/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/02/2014

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 57-year-old male with date of injury of 04/04/2008. The listed diagnoses per [REDACTED] dated 04/03/2014 are lumbar spondylosis; lumbar radiculopathy, bilateral extremities, left greater than the right; and cervical spondylosis. According to this report, the patient complains of low back and lower extremity pain. He reports that he has been experiencing intermittent neck pain radiating to the left shoulder. The patient's pain symptoms are reported to be 6/10 in pain intensity. His current list of medications includes oxycodone, Lyrica, Celebrex, and Zanaflex. He reports that pain symptoms have reduced significantly with medications. The objective finding shows the patient has a slightly antalgic gait favoring the left. His low back is tender bilaterally. There is some focal muscle spasms noted in the bilateral paravertebral muscles. There are no motor deficits noted. There is some decreased sensation in his lower extremities in the L4-L5 distribution bilaterally. Probable spasms in the lumbar multifidus muscles were noted. There is a palpable muscle and positive twitch sign bilaterally in the paravertebral muscles. The utilization review denied the request on 04/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Trigger Point Injection for the Paravertebral muscles at the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections Page(s): 122.

Decision rationale: This patient presents with chronic low back and lower extremity pain. The treater is requesting trigger point injection for the paravertebral muscles at the lumbar spine. The MTUS Guidelines page 122 under its chronic pain section has the following regarding trigger point injections. It is recommended only for myofascial pain syndrome with limited lasting value. It is however not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points (circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain), symptoms persist more than 3 months, medical management therapy, radiculopathy is not present, no repeat injection unless greater than 50% relief is obtained for 6 weeks, etc. The progress report dated 01/29/2014 documents; the pain is decreased with trigger point injections. The progress report dated 04/03/2014 documents that the patient has some focal muscle spasms noted in the bilateral paravertebral muscles. There is no motor deficits noted, however, there is decreased sensation in the lower extremities in the L4-L5 distribution bilaterally. Palpable spasms and a positive twitch sign was noted bilaterally in the paravertebral muscles. In this case, MTUS requires greater than 50% pain relief obtained for 6 weeks with evidence of functional improvement for repeat injections. Given that the treater has not document at least 50% pain relief for 6 weeks, a repeat trigger point injection is not warranted. Recommendation is not medically necessary.