

Case Number:	CM14-0069951		
Date Assigned:	07/14/2014	Date of Injury:	11/13/2005
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Rehabilitation 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:

This 55 year-old patient sustained an injury on 11/13/05 while employed by [REDACTED]. Request(s) under consideration include Lumbar Trigger Point Injections. Diagnoses include postlaminectomy syndrome/ spinal stenosis without neurological claudication s/p L4-S1 lumbar fusion on 5/5/08; sciatica. Report of 3/10/14 from the provider noted the patient with ongoing chronic upper lumbar pain with radiation to buttock/thigh; has been using lumbar brace. Conservative care has included medications (Duragesics), heat, brace, steroid injections, modified activity/rest. It was noted the patient is pending possible surgical decompression above fusion site. Previous TPI was noted to provider relief. Exam showed tenderness at bilateral L2-3 multifidii and iliolumbar area. The patient was apparently given Depo-Medrol/Bupivacaine injections into myofascial knot x 2; however, no report regarding response provided. Report of 5/5/14 from the provider noted patient with increase degree of low back pain with stiffness; Butrans was worse and the patient would like to go back to Fentanyl along with Norco which he takes 4/day. Medications list Butrans, Lisinopril, Norco, Mobic, Flexeril, Aspirin, and Lyrica. Exam of lumbar spine noted post-operative scarring of well-healed lumbar region; moderate tenderness on right and left L2-3 iliolumbar; mild tenderness at sciatic notch; no focal motor deficits; no focal sensory deficits with positive SLR bilaterally at 80 degrees. Treatment included meds, lumbar brace. Request(s) for Lumbar Trigger Point Injections was non-certified on 4/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Trigger Point Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: This 55 year-old patient sustained an injury on 11/13/05 while employed by [REDACTED]. Request(s) under consideration include Lumbar Trigger Point Injections. Diagnoses include postlaminectomy syndrome/ spinal stenosis without neurological claudication s/p L4-S1 lumbar fusion on 5/5/08; sciatica. Report of 3/10/14 from the provider noted the patient with ongoing chronic upper lumbar pain with radiation to buttock/thigh; has been using lumbar brace. Conservative care has included medications (Duragesics), heat, brace, steroid injections, modified activity/rest. It was noted the patient is pending possible surgical decompression above fusion site. Previous TPI was noted to provider relief. Exam showed tenderness at bilateral L2-3 multifidii and iliolumbar area. The patient was apparently given Depo-Medrol/Bupivacaine injections into myofascial knot x 2; however, no report regarding response provided. Report of 5/5/14 from the provider noted patient with increase degree of low back pain with stiffness; Butrans was worse and the patient would like to go back to Fentanyl along with Norco which he takes 4/day. Medications list Butrans, Lisinopril, Norco, Mobic, Flexeril, Aspirin, and Lyrica. Exam of lumbar spine noted post-operative scarring of well-healed lumbar region; moderate tenderness on right and left L2-3 iliolumbar; mild tenderness at sciatic notch; no focal motor deficits; no focal sensory deficits with positive SLR bilaterally at 80 degrees. Treatment included meds, lumbar brace. Request(s) for Lumbar Trigger Point Injections was non-certified on 4/18/14. The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and diagnosis which are medically contraindicated for TPI's criteria. There is no functional benefit derived from previous TPIs. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Lumbar Trigger Point Injections is not medically necessary and appropriate.