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| Case Number: | CM14-0076036 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 05/09/2006 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 and is licensed to practice in Alabama. 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 51 year old male who was injured on 05/09/2006. The mechanism of injury is unknown. His past medication history included Neurontin, Skelaxin, Avinza, Nucynta, Colace, Diovan, and Lipitor. The patient has had transforaminal steroid injections which have provided him with 80% relief. Progress report dated 04/15/2014 states the patient presented with complaints of neck pain and lower backache. The pain level has increased since the last visit. He reported his quality of sleep is poor and his activity level has decreased. He rated his pain as 10/10. On exam, the lumbar spine revealed range of motion is restricted with flexion limited to 25 degrees; extension limited to 10 degrees; all limited by pain. There is tenderness to palpation over the paravertebral muscle with spasm and trigger point twitch response was obtained along the radiating pain on palpation. Straight leg raise is positive on the left side. He is diagnosed with low back pain and muscle spasm. He has been recommended for trigger point injections as well as gym membership and given oxycodone 10/325 mg Prior utilization review dated 05/08/2014 states the request for Trigger Point Injection (Lumbar Paravertebral) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection (Lumbar Paravertebral): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Trigger point injections.

Decision rationale: The above MTUS guidelines state that "Criteria for the use of Trigger point injections: 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; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain." In this case, progress note from 4/15/14 documents lumbar spine muscle "spasm and trigger point (a twitch response was obtained along with radiating pain on palpation)." Progress notes from 12/24/13 as well as 4/15/14 reports low back pain, thus more than 3 months of symptoms. Progress note from 12/24/13 documents use of ibuprofen, skelaxin, as well as "group-supervised exercise." The criteria for use of trigger point injections is met. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.