

Case Number:	CM14-0092479		
Date Assigned:	07/25/2014	Date of Injury:	02/01/1994
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64-year-old female who reported an injury on 02/01/1994. The mechanism of injury was not provided in the medical records. Her diagnosis is listed as status post lumbar laminectomy syndrome. Her past treatments were noted to include medications. On 06/03/2014, the injured worker reported increased spasms. Her physical examination was noted to reveal 4++ spasms over the left side of the low back. She was also noted to have radiating pain from her back down her left leg to her left foot. Her medications were noted to include soma, Neurontin, Lidoderm patches, Valium, and Lortab. The treatment plan included trigger point injections x2 for muscle spasm of the right and left low back. The rationale for the requested trigger point injections were evidence of severe spasm of the low back. The Request for Authorization was submitted on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections x2: Upheld

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

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

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, trigger point injections are only recommend for myofascial pain syndrome and not for radicular pain. The guidelines also state that the criteria for trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain, as well as documentation showing that initially recommended treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. The clinical information submitted for review indicated that the injured worker had significant spasms in the low back. However, she was not noted to have myofascial pain syndrome, circumscribed trigger points with a twitch response and referred pain upon palpation on physical examination, or failure of initially recommended treatment. In addition, she was noted to have radiating symptoms down her left lower extremity. Based on this information, the injured worker does not meet the criteria for trigger point injections, according to the California MTUS Chronic Pain Guidelines. As such, the request is non-certified.