

Case Number:	CM13-0007474		
Date Assigned:	12/27/2013	Date of Injury:	06/28/1993
Decision Date:	03/04/2015	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 71 year old female who suffered an industrial related injury on 6/28/93. A physician's report dated 1/24/13 noted diagnoses of disorders of bursae and tendons in the shoulder region, thoracic or lumbosacral radiculopathy, chronic pain due to trauma, chronic pain, sacroillitis, cervical radiculopathy, facet arthropathy, and myalgia/myositis. The injured worker was taking Trazodone HCL, Nucynta ER, Butrans, Senna, Savella, Lyrica, Lidoderm patch, Ibuprofen, Hydrocodone/acetaminophen, Estring, Zovlax, and Pyridium. A physician's report dated 2/25/13 noted physical examination findings of decreased sensation in the right arm and forearm. Paraspinous muscles displayed circumscribed taut bands with twitch response. Tenderness was noted with palpation in the spinous, paraspinous, lumbar, gluteals, sacrum, and sacroiliac joint areas. Diminished sensation was noted to pinprick along the right L5 and S1 nerve distributions. The injured worker received trigger point injections on 2/25/13. Per the doctor's note dated 1/2/15 patient had complaints of back pain and physical examination was normal She had back pain at 9/10 on 12/4/14 and physical examination revealed muscle spasm and active trigger points Patient has received an unspecified number of acupuncture and trigger point injections for this injury She had received ESIs for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRIGGER POINT INJECTIONS X 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguides.org/Low Back Disorders>; Table 2 Summary of Recommendations , Low Back Disorders

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

Decision rationale: Chronic Pain Guidelines regarding Trigger point injections state, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." Criteria for the use of Trigger point injections: (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; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. She had received trigger point injections for this injury. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. A physician's report dated 1/24/13 noted diagnoses of thoracic or lumbosacral radiculopathy, cervical radiculopathy. She had received epidural injections for this injury. There is evidence of possible radiculopathy. As per cited guidelines, trigger point injections are not recommended for radicular pain. The medical necessity of the request for LUMBAR TRIGGER POINT INJECTIONS X 3 is not fully established in this patient.