

Case Number:	CM13-0025121		
Date Assigned:	11/20/2013	Date of Injury:	05/22/2006
Decision Date:	01/19/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and 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 62-year-old female with a date of injury of 05/22/2006. According to progress report dated 09/27/2013, the patient presents with continued mid and low back pain, and bilateral buttocks and lower extremity pain. The patient describes her pain as constant and dull. Physical examination revealed limited range of motion with pain and stiffness. There is mild to moderate tenderness upon palpation of the lumbar spine in the lumbar paraspinal muscle region. There is decreased sensation in the bilateral L5 to S1 dermatome distribution pattern. Motor strength remains 5-/5 in the bilateral lower extremity, quadriceps and hamstrings. Reflexes are 1+, knees and ankles bilaterally. The listed diagnoses are: 1. Lumbar spine strain/sprain; 2. Lumbar spine postlaminectomy syndrome; 3. Low back, chronic pain; 4. Lumbar spine/bilateral lower extremity radiculopathy; 5. Opiate dependence. Treatment plan was for patient to continue with medication, home exercises, and "trigger-point injections to the lumbar paraspinal muscles." The utilization review denied the request on 09/11/2013. Treatment reports from 03/14/2013 through 08/27/2013 were provided for review.

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 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation: Principles and Practice, 4th edition, DeLisa (ed), page 519

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

Decision rationale: This patient presents with continued mid and low back pain, and bilateral buttock and lower extremity pain. The current request is for Lumbar Trigger Point Injections x 4. The treating physician states that trigger-point injections are recommended as "the patient has signs of tenderness and spasms." The MTUS Guidelines page 122 under the chronic pain section has the following regarding trigger-point injections: "Recommended only for myofascial pain syndrome and limited lasting value, 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 persistent for more than 3 months, medical management therapy, radiculopathy is not present, no repeat injections unless a greater than 50% relief is obtained for 6 weeks, etc. The treating physician notes that the patient has tenderness upon palpation of the lumbar spine and muscle spasms. In this case, recommendation cannot be made as the patient has radiating symptoms with the diagnosis of radiculopathy. MTUS recommends TPIs when radiculopathy is not present. Furthermore, there is no evidence of "twitch response" or taut bands as required by MTUS. The request is not medically necessary.