

Case Number:	CM13-0030274		
Date Assigned:	11/27/2013	Date of Injury:	11/23/1992
Decision Date:	01/26/2015	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a 54 year-old male, who was injured on November 23, 1992, while performing regular work duties. The records indicate cervical spine surgery, and multiple lumbar spine surgeries have been completed. The records indicate long-term opioid pain medication usage. The records indicate a magnetic resonance imaging of the lumbar spine from September 2010, is reported to have shown disc protrusion, stenosis, with post-surgical changes. This report is not available for this review. An electrodiagnostic study on September 13, 2012, reveals right median neuropathy of the right wrist and no evidence of cervical radiculopathy or generalized peripheral neuropathy affecting the arms. A mental health evaluation on May 28, 2013, is provided for this review. An evaluation on June 11, 2013, indicates central nervous system examination intact, and sensation is intact. An evaluation on July 8, 2013, indicates physical findings of tenderness of the lumbar spine and paraspinal bilaterally. An evaluation on August 1, 2013, indicates the injured worker reports trigger point injections being helpful in the past, and physical findings of tenderness of the lumbar spine and paraspinals bilaterally. An evaluation on August 26, 2013, indicates the injured worker reporting increased muscle spasms, continued complaints of bilateral leg numbness and tingling, with physical findings of tenderness of the lumbar spine and paraspinals bilaterally. The records do not indicate physical findings of what the trigger points are, or any spasticity. The records do not indicate where trigger points would be injected. The request for authorization is for two (2) bilateral (left and right) trigger point injections for the lumbar spine paraspinal muscles, as an outpatient. The primary diagnosis is displacement of lumbar disc without myelopathy. On August 27, 2013, Utilization Review non-certified the request for two (2) bilateral (left and right) trigger point injections for the lumbar spine paraspinal muscles, as an outpatient, based on ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bilateral (left and right) trigger point injections for the lumbar spine paraspinal muscles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The 54 year-old male sustained an injury on 11/23/1992 while performing regular work duties. Diagnoses include lumbar disc displacement without myelopathy s/p cervical spine surgery, and multiple lumbar spine surgeries. An evaluation on 8/26/13 from the provider noted the patient has chronic ongoing symptoms of low back pain, increased muscle spasms, continued complaints of bilateral leg numbness and tingling, with physical findings of tenderness of the lumbar spine and paraspinals bilaterally. The records do not indicate physical findings of what the trigger points are, or any spasticity. The records do not indicate where trigger points would be injected. The request for authorization is for two (2) bilateral (left and right) trigger point injections for the lumbar spine paraspinal muscles, as an outpatient was non-certified on 8/23/13. Examination noted decreased range of motion and spasm; however, there is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. 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. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional activities of daily living (ADLs); however, in regards to this patient, evaluation identified radicular symptoms which are medically contraindicated for TPI's criteria. Per MTUS Chronic Pain Treatment Guidelines, criteria for the use of Trigger point injections also include no repeat injections unless there is a greater than 50% pain relief obtained for at least six weeks after an injection and there is documented evidence of functional improvement, none of which are apparent here. The patient has no report of pain relief nor are there any increased daily activities and function or decrease in medication dosing for this chronic injury. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The 2 bilateral (left and right) trigger point injections for the lumbar spine paraspinal muscles, as an outpatient is not medically necessary and appropriate.