

Case Number:	CM13-0065093		
Date Assigned:	01/03/2014	Date of Injury:	11/02/2012
Decision Date:	03/19/2015	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old male who suffered a work related injury on 11/02/12. Per the physician notes from 06/05/13, she complains of pain in the lumbar spine radiating to his right lower extremity. The treatment plan includes right L4-5 and L5-S1 ESIs, hot/cold unit, consider bilateral L4-5 and L5-S1 facet injections, Norco, urine toxicology, and home exercise program. On 11/13/13 the Claims Administrator non-certified the retro trigger injections to the paraspinals, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO TRIGGER POINT INJECTIONS TO LUMBAR PARASPINAL MUSCLES X 6:
Upheld

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 rationale: Based on the 06/05/13 progress report provided by treating physician, the patient presents with lumbar spine pain rated 7-8/10 that radiates to his right lower extremity. The request is for RETRO TRIGGER POINT INJECTIONS TO LUMBAR PARASPINAL MUSCLES X6. Patient's diagnosis on 07/15/13 included lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. The patient is temporarily totally disabled, per treater report dated 06/26/13. The MTUS Guidelines, on page 122, state that "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; (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Treater has not provided reason for the request. Per progress report dated 07/15/13, patient "was given trigger point injection X6 in the lumbar paraspinous muscles." However, the patient does not meet the MTUS criteria for trigger point injections. There is no documentation of "circumscribed trigger points" with evidence upon palpation of a "twitch response" as well as referred pain; the patient presents with a diagnosis of radiculopathy; and there is no evidence that prior trigger point injections reduced pain by 50% for 6-weeks. Furthermore, MTUS recommends no more than 3-4 injections, and the request is for X6. Therefore, the request IS NOT medically necessary.