

Case Number:	CM14-0101892		
Date Assigned:	08/15/2014	Date of Injury:	01/23/2010
Decision Date:	01/02/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/02/2014

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 Family Medicine and is licensed to practice in Ohio. 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 52-year-old male with a date of injury of January 23, 2010. In 2006 he had an anterior fusion at L3-L4. In 2010 he had a fusion at L4-L5 that was said to have failed. He continued to complain of low back pain radiating to the left lower extremity with associated numbness. The physical exam revealed diminished lumbar range of motion, diminished sensation to the L5-S1 region, and tenderness to palpation over the lower lumbar spine. He has previously have physical therapy, medication, bilateral sacroiliac injections, and a TENS unit. He was said to be under consideration for facet joint injections and even a spinal cord stimulator trial. The diagnoses include post laminectomy syndrome, fractured screw at L4, lumbar stenosis, low back pain, lumbar radiculitis, and an intervertebral disc disorder without myelopathy. At issue is a request for a trigger point injection of unknown quantity under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Trigger Point Injection via Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chapter on the Low back)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Trigger Point Injections

Decision rationale: Per the Official Disability Guidelines, trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should be remembered that trigger point injections are considered an adjunct, not a primary treatment. In this instance, a well-defined trigger point region is not identified. The submitted documentation does not provide rationale for a trigger point injection or trigger point injections done via traditional methodology or under ultrasound guidance. Consequently, lumbar trigger point injection(s) under ultrasound guidance were not medically necessary per the cited guidelines.