

Case Number:	CM14-0108371		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2001
Decision Date:	07/27/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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: Arizona, 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:

The injured worker is a 43 year old male, who sustained an industrial injury on July 23, 2001, incurring lower back pain breaking up cement with a jackhammer. He was diagnosed with lumbar spondylolisthesis and lower extremity radiculopathy. Treatment included diagnostic imaging, pain medications, anti-inflammatory drugs, injections, acupuncture, epidural steroid injection, spinal cord stimulator, physical therapy, muscle relaxants and work restrictions and modifications, and Cognitive Behavioral Therapy. In 2003, he underwent lumbar spine fusion surgery only giving him temporary relief. Currently, the injured worker complained of chronic cervical and lumbar pain radiating down both lower extremities. He rated his pain a 7 on a pain scale from 1 to 10. Upon examination of the lumbar spine, he was noted to have tenderness on palpation and muscle rigidity. He had decreased range of motion and limited extension and flexion. The treatment plan that was requested for authorization included four trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger point injections 100cc 0.25% Bupivacaine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG- trigger point injections and pg 90.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore the request for lumbar trigger point injection is not medically necessary. According to the ODG guidelines trigger point injections are not recommended in the absence of myofascial pain: Criteria for the use of Trigger point injections: 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. In this case, although the claimant has particular trigger points, the claimant had undergone numerous more evidence based interventions without definitive relief. The trigger point injections will provide short term relief and are not the mainstay for treatment and therefore not medically necessary.