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| Case Number: | CM14-0180545 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 02/23/2007 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 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 64 year old female with an injury date of 02/23/07. Based on the 10/02/14 progress report, the patient complains of the lumbar region pain that radiates down bilaterally. The patient states both legs are really hurting. The patient has a torn ligament on the left shoulder and the pain is aching, throbbing, and burning feeling. The pain level is at 10 out 10. The patient has difficult range of motion on the L-S spine due to pain, and trigger point tenderness with muscle twitch, tight muscle band and pain radiating past area of compression in the erector spinae muscle, latissimus dorsi muscles, and quadratus lumborum muscles. The patient has lumbar spinal tenderness, lumbar paraspinal tenderness, and lumbar facet tenderness at L4-S1. The straight leg raising is positive on the right and there is dullness to pinprick bilateral thigh and leg. The patient has history of chronic pain syndrome secondary to post lumbar laminectomy syndrome (lumbar fusion on 05/21/10) with bilateral lumbar radiculopathy with pain in the legs and with myofascial component. The diagnoses includes following: 1. Lower back pain; 2. Other disorders of Coccyx; 3. Chronic Pain Syndrome; 4. Post Laminectomy Syndrome, Lumbar; 5. Lower Back pain; 6. Sciatica; 7. Myalgia and myositis. The current medications are Morphine, Paxil 15mg, Metoprolol 20mg, Cozaar, Leveraxine, and Aspirin. On the 05/14/14 and 05/21/14 reports, the patient had surgical procedure for percutaneous peripheral nerve stimulator, power source placement, and electrode/needle array implantation. The treating physician is requesting trigger point injections for erector spinae, latissimus dorsi, and quadratus lumborum per report dated 10/02/14. The utilization review determination being challenged is dated 10/27/14. The treating physician provided treatment reports from 04/14/14-10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point injections for Erector Spinae, Latissimus Dorsi and Quadratus Lumborum:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: This patient presents with the lumbar region pain that radiates down bilaterally. The request is for trigger point injections for erector spinae, latissimus dorsi and quadratus lumborum. According to 10/02/14 progress report, the treating physician discusses past ESI being tried with benefit as well as trigger point injections. The treating physician indicates that the patient has trigger points in several or more of the muscles on examination. MTUS guideline page 122 under the chronic pain section has the following regarding trigger point injections. It is "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; ... (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." In this case, the patient apparently has had trigger point injections in the past but there is no documentation of 50% or more reduction of pain lasting at least 6-8 weeks. There is a diagnosis of radiculopathy for which ESI has been tried. Repeat trigger point injections would not be indicated. Recommendation is that the request is not medically necessary.