

Case Number:	CM14-0187065		
Date Assigned:	11/17/2014	Date of Injury:	11/17/2007
Decision Date:	01/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/10/2014

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 injured worker is a 46 year old female with an injury date of 11/17/07. Based on the progress report dated 09/12/14, the injured worker complains of low back pain and right ankle pain. The back pain has increased and is acutely flaring up more frequently. Physical examination of the lumbar spine indicates tenderness at L3, L4 and L5 along with paraspinal spasm on the right side. There are trigger points at L3, L4, L5 and sciatic region. Right SI joint is tender. The range of motion has been reduced by 75%. There is reduced sensation in foot and calf along with weakness in foot, thigh and calf and reduced knee jerk reflex. There is tenderness in the medial and lateral side of the right ankle. As per progress report dated 04/16/14, the injured worker complained of back pain that radiated down to both legs and led to sleep problems. Medications included Lyrica, Lidoderm patch, Butrans patch, Omeprazole, Sprix spray, Vicodin and Zanaflex, as per progress report dated 09/12/14. The injured worker has had trigger point injections in the past which helped manage acute flare-ups effectively. The injured worker is not working, as per progress report dated 09/12/14. Diagnosis, 09/12/14- Chronic lumbar strain L4-L5 radiculopathy- Right ankle strain, resolved. The treating physician is requesting for Trigger Point Injection Under Ultrasound Guidance L5 Regions, Quantity 2. The utilization review determination being challenged is dated 10/13/14. The rationale was "there should be no repeat injections unless pain relief is obtained with evidence of functional improvement." Treatment reports were provided from 04/16/14 - 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection under Ultrasound Guidance L5 regions, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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: 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." Progress report dated 09/12/14 reveals trigger points at L3, L4 and L5 on physical examination. The injured worker has received prior trigger point injections. In progress report dated 09/12/14, the treating physician says that "TP injections have proven being of benefit when given for acute flare ups." However, the reports do not discuss the actual date of the previous injections nor do they discuss the trigger points where the injections were given. Furthermore, there no evidence of greater than 50% pain relief for six weeks after the injection, as required by MTUS guidelines for repeat injections. The request for Trigger Point Injection under Ultrasound Guidance L5 regions, Qty 2 is not medically necessary.