MAXIMUS Federal Services

Case Number:	CM14-0188940		
Date Assigned:	11/19/2014	Date of Injury:	09/10/2001
Decision Date:	01/08/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 59-year-old female with date of injury of 09/10/2001. The listed diagnoses from 10/28/2014 are: 1. Progression of multilevel multifactorial changes throughout the lumbar spine mostly notable for severe central canal stenosis at L2 - L3 and moderate to severe central canal stenosis at L3 - L4 with lateral recess stenosis2. Sacroiliitis3. Lumbago4. Long-term use of other medicationsAccording to this report, the patient complains of back and hip pain. Her current pain level is 9/10 and is described as burning, sharp, pins and needles across her low back, shooting down the back and sides of her bilateral lower extremities. Conservative treatments include physical therapy, massage therapy, chiropractic treatment, home exercises, and NSAIDs without much benefit. The patient also received a right sacroiliac joint injection on 07/24/2014 with 80% pain relief. The examination shows sacroiliac tenderness bilaterally. Pain and tenderness is present in the SI joint bilaterally. Patrick's test is positive bilaterally. Facet tenderness is present in the lumbar spine. Axial loading of the lumbar spine worsens the pain. Range of motion is decreased due to pain in the lumbar spine. Pinprick reveals no dermatome hypalgesia. Motor exam is 5/5. Reflexes are 2/4. The documents include a sacroiliac steroid injection operative report from 07/24/2014, chiropractic treatment reports from 03/28/2014 to 10/27/2014, and progress reports from 03/18/2014 to 10/28/2014. The utilization review denied the request and 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar trigger point injections x 3 under ultrasound: Upheld

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

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

Decision rationale: This patient presents with back and hip pain. The physician is requesting lumbar trigger point injections x3 under ultrasound. The MTUS Guidelines page 122 under its Chronic Pain Section states that trigger-point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. The MTUS further states that all criteria need to be met including documentation of trigger points defined as "evidence upon palpation of a twitch response as well as referred pain"; symptoms persisting more than 3 months; failure of medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc.The records do not show any previous lumbar trigger point injections. The 10/20/2014 report notes facet tenderness on the lumbar spine. Straight leg raise test is positive bilaterally, left greater than the right. Pain is reproduced with bilateral facet loading of the lumbar spine. Range of motion is decreased due to pain. In this case, the physician does not document a "twitch response as well as referred pain" upon palpation on examination. Instead, there is tenderness over the facet joints and radicular symptoms. The request is not medically necessary.