

Case Number:	CM14-0191012		
Date Assigned:	11/24/2014	Date of Injury:	08/09/2012
Decision Date:	01/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, 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 (IW) is a 46-year-old man with a date of injury of August 9, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the most recent visit note dated November 4, 2014, the IW complains of low back pain and bilateral lower extremity pain that has been present for several months. The pain is described as aching and a lancinating sensation in the primary area of discomfort. The pain is partially relieved by the use of analgesic medications and various types of injection therapy. Past medical history is relevant for depression, hypertension, opiate tolerance, and osteoarthritis. Current medications include Lansoprazole DR 30mg, Relafen 500mg, Cyclobenzaprine 7.5mg, Norco 10/325mg, Lidoderm 5% patch, Lyrica 150mg, Hydrochlorothiazide 50mg, Lisinopril 40mg, and Sertraline Hcl 25mg. Lyrica was increased last visit which helps reduce the pain. However, he continues with right buttock pain especially towards the end of the day with increased activity. Musculoskeletal examination of the bilateral upper extremities, bilateral lower extremities and the spine revealed the following: Appearance of the extremities is somewhat abnormal. Palpation of the region reveals prominent areas of tenderness in the region concordant with the injured worker's described area of pain. Deep palpation results in distal radiation of pain. The IW does have palpable taut bands in the area of his pain. He appears to have soft tissue dysfunction and spasm in the lumbar paraspinal and lower extremity region. Straight leg raise of the affected side reproduces radicular symptoms. Compression of the pelvis produces concordant pain in the buttocks. The area of pain is concordant with the injured worker's complaints. The IW has been diagnosed with lumbago, lumbar disc displacement without myelopathy, myalgia and myositis not otherwise specified, sleep disturbance not otherwise specified, and sacroiliitis not elsewhere classified. The provider is requesting authorization for lumbar trigger point injection with ultrasound guidance, and right lower extremity trigger point injection with 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 with ultrasound guidance QTY: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Trigger Point Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar trigger point injection with ultrasound guidance #2 is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The primary goal is short-term relief of pain and tightness in the involved muscles. The criteria for trigger point injections are enumerated in the Official Disability Guidelines. They include, but are not limited to, documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms greater than three months; radiculopathy is not an indication; no repeat injections unless a greater than 50% pain relief with reduced medication is obtained for six weeks after injection with documented evidence of functional improvement. See guidelines for additional criteria. While ultrasound guidance may improve the accuracy of injections to the putative site of pathology, it is not clear that this improves its efficacy. In this case, the injured workers a 46-year-old man with a two year history of chronic low back pain. The working diagnoses or chronic lumbago, lumbar disc displacement, myalgia/myositis, sleep disturbance, and sacral ileitis. The reported injections (type?) helped with 80% relief for four months with failure of other conservative options. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. The clinical documentation does not show evidence of a circumscribed trigger point with evidence of a twitch response and the anatomical area to be injected is not documented. Additionally, ultrasound guidance is not required for trigger point injection to the putative site. Consequently, absent the appropriate clinical documentation to support a trigger point injection, the lumbar trigger point injection with ultrasound guidance #2 is not medically necessary.

Right Lower Extremity Trigger Point Injection with ultrasound guidance QTY: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Trigger Point Injection

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right lower extremity trigger point injection with ultrasound guidance #2 is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The primary goal is short-term relief of pain and tightness in the involved muscles. The criteria for trigger point injections are enumerated in the Official Disability Guidelines. They include, but are not limited to, documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms greater than three months; radiculopathy is not an indication; no repeat injections unless a greater than 50% pain relief with reduced medication is obtained for six weeks after injection with documented evidence of functional improvement. See guidelines for additional criteria. While ultrasound guidance may improve the accuracy of injections to the putative site of pathology, it is not clear that this improves its efficacy. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. In this case, the injured workers a 46-year-old man with a two year history of chronic low back pain. The working diagnoses or chronic lumbago, lumbar disc displacement, myalgia/myositis, sleep disturbance, and sacral ileitis. The reported injections (type?) helped with 80% relief for four months with failure of other conservative options. The clinical documentation does not show evidence of a circumscribed trigger point with evidence of a twitch response. Additionally, ultrasound guidance is not required for trigger point injection to the putative site. The documentation does not support a clinical rationale for trigger point injection to the right lower extremity. Consequently, absent the appropriate clinical documentation to support a trigger point injection, right lower extremity trigger point injection with ultrasound guidance #2 is not medically necessary.