

Case Number:	CM14-0194210		
Date Assigned:	12/02/2014	Date of Injury:	08/09/1999
Decision Date:	03/02/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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: Texas, 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:

This is a 71 years old female patient who sustained an injury on 8/9/1999. The current diagnoses include low back pain, spinal stenosis and lumbosacral neuritis. Per the doctor's note dated 11/3/2014, she had complaints of low back pain. The physical examination revealed thoracic spine- tenderness and paraspinal muscle spasm; lumbar spine- tenderness over L4 and L5, paraspinal spasm, trigger points, 25% reduced range of motion, decreased sensation in foot and calf, weakness in thigh, calf and foot and reduced ankle and knee jerk. The medications list includes soma, vicodin and lidoderm patches. She has had lumbar spine X-rays which revealed degenerative disc disease. She has undergone hystrectomy, bilateral tubal ligation and cholecystectomy. She has had physical therapy visits, TENS and injections for this injury. She has had trigger point injection on 12/17/2013, 1/21/2014, 3/21/2014 and 6/24/2014.

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 region x2: 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 injections Page(s): 122.

Decision rationale: Per the MTUS Chronic Pain Guidelines regarding Trigger point injections state, recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (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. Per the records provided patient has had trigger point injection on 12/17/2013, 1/21/2014, 3/21/2014 and 6/24/2014. Response for a greater than 50% pain relief for six weeks after previous injection with documented evidence of functional improvement is not specified in the records provided. Per the records provided patient had low back pain with radicular symptoms- reduced sensation, weakness and reduced reflexes in lower extremities with diagnosis of lumbosacral radiculitis. The cited guidelines do not recommended trigger point injections for patient with radiculopathy. In addition, per the records provided patient has had physical therapy and TENS for this injury. A documentation of failure of these conservative measures was not provided in the medical records submitted. The previous therapy notes are not specified in the records provided. The medical necessity of Trigger Point Injection under Ultrasound guidance L5 region x2 is not fully established for this patient.