

Case Number:	CM14-0194800		
Date Assigned:	12/02/2014	Date of Injury:	11/22/2004
Decision Date:	01/20/2015	UR Denial Date:	11/17/2014
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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 who has submitted a claim for lumbago, post laminectomy syndrome of the lumbar region, and lumbosacral spondylosis, associated with an industrial injury date of November 22, 2004. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities. She likewise continued to have muscle spasms. Her current medications allowed her to complete her own grocery shopping and activities of daily living. The pain was described as aching, sharp, throbbing, pressure-like and shooting. The pain was rated 8 to 9/10 in severity. Physical examination showed no integumentary lesions, antalgic gait, but with ability to perform both heel raise and toe raise. The MRI of the lumbar spine, dated March 20, 2013, documented very slight increased central canal stenosis at L4 to L5 of mild to moderate in nature. Treatment to date has included lumbosacral surgery in November 2009, trigger point injections, physical therapy, and medications. The patient underwent six trigger point injections in November 11, 2014, because it had been very beneficial for her muscle spasms in the past. The utilization review from November 17, 2014 denied the request for repeat trigger point injection, one injection of bilateral lumbar and thoracic paraspinal muscles because of no evidence of myofascial pain, including circumscribed trigger points with evidence upon palpation on the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Trigger Point Injection, one injection of bilateral lumbar and thoracic para spinal muscles: 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: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, the patient complained of low back pain radiating to bilateral lower extremities. She likewise continued to have muscle spasms. Her current medications allowed her to complete her own grocery shopping and activities of daily living. The pain was described as aching, sharp, throbbing, pressure-like and shooting. The pain was rated 8 to 9/10 in severity. Physical examination showed no integumentary lesions, antalgic gait, but with ability to perform heel raise and toe raise. The MRI of the lumbar spine, dated March 20, 2013, documented very slight increased central canal stenosis at L4 to L5 of mild to moderate in nature. The patient underwent six trigger point injections in November 11, 2014 because it had been very beneficial for her muscle spasms in the past. However, there was no documentation of circumscribed trigger points on physical examination to warrant such procedure. Moreover, there was evidence of radiculopathy, which is an exclusion criterion. Therefore, the request for repeat trigger point injection, one injection of bilateral lumbar and thoracic paraspinal muscles is not medically necessary.