

Case Number:	CM14-0196049		
Date Assigned:	12/04/2014	Date of Injury:	09/06/1988
Decision Date:	02/25/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 72 year old male who was injured on 9/6/1988. The diagnoses are lumbar spondylosis, spondylolisthesis, neck and low back pain. The patient completed massage and physical treatments. The patient completed lumbar radiofrequency ablations in October, 2014 resulting in significant reduction in pain. On 10/22/2014, [REDACTED] / [REDACTED] noted subjective complaint of neck and low back pain. The neck pain was noted to be constant and associated with tingling of the upper extremities and decreased range of motion of the neck. The pain score was reported as 4/10 on a scale of 0 to 10. A recommendation for physical therapy and trigger point injections was made. It was noted that if the PT was effective, the trigger point injection will be deferred. The medications listed are Norco and Baclofen. A Utilization Review determination was rendered on 11/3/2014 recommending non certification for lumbar spine trigger point injections x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lumbar Trigger Point Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low and Upper Back. Trigger Point injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that trigger points injections can be utilized for the treatment of tender myofascial taut bands that did not respond to standard treatments with NSAIDs and PT. The records did not show documentation of tender myofascial taut bands. The patient had residual pain following a recent lumbar radiofrequency ablation procedure. The records indicate that the predominant complaint is neck pain. There is a pending recommendation for physical therapy treatment that had not been completed. The provider indicated that the trigger point injections will not be necessary if the patient responds to the physical therapy treatments. The criteria for lumbar trigger point injections x2 were not met.