

Case Number:	CM14-0196568		
Date Assigned:	12/04/2014	Date of Injury:	11/27/1986
Decision Date:	12/16/2015	UR Denial Date:	11/19/2014
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: California, North Carolina
 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:

The injured worker is a 60 year old female with an industrial injury dated 11-27-1986. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, acute exacerbation of her pain, xerostomia, gastrointestinal abnormalities, major depression with psychotic features, impaired mobility activities of daily living, and myofascial trigger points, attendant care. According to the progress note dated 10-02-2014, the injured worker reported increasing falls. The injured worker also reported requiring assistance with activities of daily living and the need for a new back brace. Current medications include Klonopin, Buspar, Seroquel, Lyrica, Trazodone, tramadol, Pepcid, Norco, and Gabapentin. Pain level was not documented in report. Objective findings (10-02-2014) revealed difficulty walking, use of a wheelchair, decreased sensation in the L4-L5 motor distribution bilaterally, motor weakness at ankle dorsiflexors and peroneus longus, trigger points in the lower lumbar paraspinal region and gluteal muscles. Treatment has included back brace, prescribed medications, and periodic follow up visits. The utilization review dated 11-19-2014, non-certified the request for six (6) Trigger point injections for the lumbar spine region, 6 positions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Trigger point injections for the lumbar spine region, 6 positions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Trigger point injections are recommended only for myofascial pain and provide limited lasting value. They are not recommended for radicular pain and are not recommended for typical neck and back pain. This claimant experienced a low back injury 30 years ago and complains of chronic low back pain. On physical exam, trigger points are mentioned in the lower lumbar paraspinal region and gluteal region. The patient also appears to have trigger points in the cervical paraspinal muscles, upper trapezius, rhomboids, scalenes and subclavian muscles. There is no documentation of an objective twitch response with referred pain which is required by guidelines as criteria for trigger point injections. In addition, the request is for 6 injections, which exceeds the guideline recommendation of 3-4 injections per session. Therefore, based on the above, the request is not medically necessary or appropriate.