

Case Number:	CM14-0196782		
Date Assigned:	12/04/2014	Date of Injury:	10/14/2009
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 sustained a work related injury on October 14, 2009, slipping and falling at work injuring the low back, bilateral hands, and head. The 2009 MRI of the lumbar spine showed multilevel disc bulge and spinal stenosis. The past surgery history is significant for a 2011 L5 laminectomy. On October 24 2014, [REDACTED] noted subjective complaints of pain in the lower thoracic and lumbar areas, occasional radiation of the pain down the right lower extremity, intermittent mid back spasms, and numbness of the right lower extremity. The injured worker's previous treatments were noted to have included radiofrequency ablation of the right L3 and L4 medial branches and the dorsal ramus of L5 on April 5, 2013, oral medication, a Functional Restorative Program, and acupuncture. The Physician noted the urine drug screen dated September 24, 2014, revealed the presence of Norbuprenorphine was inconsistent with compliance with prescribed medications. Physical examination was noted to include spasm present in the bilateral thoracic paraspinal and tenderness over the right lower lumbar space. The diagnoses listed are lumbar region post-laminectomy syndrome, lumbosacral spondylosis without myelopathy, low back pain, insomnia secondary to chronic pain, myalgia and myositis, and major depression. The injured worker received trigger point injections into the bilateral thoracic and lumbar paraspinal, with immediate relief noted. The medications listed are Percocet and Zoloft. The patient stopped gabapentin and Lyrica due to headache side effects. The Physician requested authorization for the trigger point injections. On November 4, 2014, Utilization Review evaluated the retrospective request for the trigger point injections administered on October 24, 2014, citing the MTUS Chronic Pain Medical Treatment Guidelines. This would be the fourth trigger point injections administered in one year, that the injured worker had clearly documented physical findings that are consistent with lumbar

radiculopathy. The patient had previously completed several series of lumbar facet injections with 50-80% relief in symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Trigger injections: Upheld

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

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 Pain

Decision rationale: The CA MTUS and the ODG guidelines recommend that trigger points injections can be utilized for the treatment of myofascial pain with tender taut bands that did not respond to conservative treatments with medications and physical therapy. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy and lumbar facet syndrome. The patient had reported significant response following prior lumbar facet procedures. The records did not show that the patient had failed conservative treatment for the management of the lumbar muscle spasm. The criteria for trigger points injections retrospective DOS 10/24/2014 was not met.