

Case Number:	CM14-0197598		
Date Assigned:	12/05/2014	Date of Injury:	08/13/1999
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. 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 62 year old female with an injury date of 08/13/99. Based on the 11/26/14 progress report provided by treating physician, the patient complains of left low back pain rated 6/10 that radiates to her upper buttock. The patient is status post L4-5 lumbar fusion and continues with chronic axial back pain related to the lumbar facets above and below her fusion. A physical examination to the lumbar spine on 11/26/14 revealed tenderness to palpation to paraspinals, facets bilaterally, and left lumbosacral region. The range of motion was decreased in all planes, especially on extension and with facet maneuvers, left and right. The patient has not experienced significant improvement with chiropractic treatment she has been receiving for several months. She reports some benefit with Flector and Lidoderm patches. The patient takes Cyclobenzaprine nightly for muscle spasms. She cannot tolerate opioid medication due to side effects, and is quite sensitive to numerous oral medications. Per progress report dated 10/13/14, the physician states "we will request authorization for trigger point injections for the left gluteal and left lumbar paraspinous region. Previous trigger point injections in this area have helped her pain with her previous pain management provider."Diagnosis 10/13/14, 11/26/14- lumbar facet arthropathy- myofascial pain syndrome- axial back pain, probable facet etiology- lumbar disk bulge- history of lumbar fusion- muscle spasm, myalgiaThe utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 11/29/12 - 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection on the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS Guidelines, page 122, Chronic Pain Medical Treatment Guidelines states: Trigger point injections - "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Per progress report dated 10/13/14, the physician states "we will request authorization for trigger point injections for the left gluteal and left lumbar paraspinal region. Previous trigger point injections in this area have helped her pain with her previous pain management provider." However, there is no documentation of greater than 50% pain relief or evidence of functional improvement obtained from previous injection. Furthermore, the reports provided do not show documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain," as required by the MTUS. The request does not meet guideline indications; therefore it is not medically necessary.