

Case Number:	CM14-0201632		
Date Assigned:	01/12/2015	Date of Injury:	01/20/2014
Decision Date:	02/11/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehabilitation, 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 39 year old male with an injury date of 01/20/14. Based on the 10/20/14 progress report provided by treating physician, the patient complains of pain throughout the thoracic and lumbar back which radiates into the right groin and inguinal area and the right thigh. Patient is status post surgical ACL repair. Physical examination 10/20/14 revealed tenderness to palpation to the lumbar paraspinal muscles, iliolumbar, and sacroiliac regions. Pain is noted on range of motion with negative facet maneuver. Positive straight leg test with pain radiating to the inguinal area. Trigger points are identified in both the thoracic and lumbar paraspinal areas with positive twitch response and referral of pain outward. Patient is noted to have an antalgic gait. The patient is currently prescribed Ultram and Norflex. Patient has had acupuncture with electrical stimulation trial directed at his chief complaint with no appreciable benefits noted. Diagnostic imaging included MRI dated of the lumbar spine and report notes mild desiccation of L4-L5 disc and 2-3mm central and left paracentral disc protrusions, L5-S1 broad based posterior disc protrusion measuring 3-4mm with mild narrowing of the right greater than the left neural foramina, mild facet arthropathy. Patient's work status is unspecified. Diagnosis 10/20/14- Cervical, thoracic, and lumbar strain with myofascial pain. - L4-L5 and L5-S1 disc protrusions along with bilateral L5-S1 foraminal narrowing, radiation of pain into the inguinal region.- Right wrist and ankle strain, resolved. The utilization review determination being challenged is dated 10/27/14. The rationale is "the medical records do not contain documentation of any specific history, exam, or diagnostic findings to support the presence of a radiculopathy at the requested level." Treatment reports were provided from 07/29/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the thoracic spine x 6: Upheld

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

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

Decision rationale: The patient presents with pain throughout the thoracic and lumbar back which radiates into the right groin and inguinal area and the right thigh. The request is for Trigger Point Injections To The Thoracic Spine X6. Physical examination 10/20/14 revealed trigger points identified in both the thoracic and lumbar paraspinal areas with positive twitch response and referral of pain outward. The patient is currently prescribed Ultram and Norflex. Patient has had acupuncture with electrical stimulation trial directed at his chief complaint with no appreciable benefits noted. Review of the reports do not seem to indicate that the patient has had prior TPI. MTUS Guidelines, page 122, Chronic Pain Medical Treatment Guidelines support trigger point injections for "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain"; radiculopathy is not present, maximum of 3-4 injections per session, and for repeat injections, documentation of "greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Per progress reports dated 10/20/14, the patient meets several of the criteria which indicate that trigger point injections could be medically appropriate per MTUS: Documentation of circumscribed trigger points with referred pain, symptoms which persist greater than 3 months, and the failure of more conservative methods such as NSAIDS and acupuncture to resolve symptoms. However, MTUS guidelines indicate that radiculopathy must NOT be present in order for trigger point injections to be considered medically appropriate. Patient displays both lower back pain which radiates into the groin, thigh, and leg in addition to a positive straight leg test - strong indicators of radiculopathy. Owing to these findings, this patient does not meet the criteria for trigger point injections. This request is not medically necessary.