

Case Number:	CM14-0202650		
Date Assigned:	12/15/2014	Date of Injury:	10/22/2014
Decision Date:	01/30/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice and is licensed to practice in New Jersey. 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 is a 64 year old female with a date of injury as 10/22/2014. The cause of the injury was related to a fall. The current diagnoses include lumbar sprain with contusion and ecchymosis, bilateral upper extremity elbow contusions, cervical degenerative disc disease, lumbar degenerative disc disease with past history of sciatica, non-limiting, right knee nonindustrial arthritis post arthroscopy with medial compartment arthritis, and bilateral lower extremity contusions. Previous treatments include multiple medications and injections. Primary treating physician's reports dated 10/27/2014 and 11/10/2014 were included in the documentation submitted for review. Report dated 11/10/2014 noted that the injured worker presented with complaints that include continued pain, slightly improved, but still having to take significant analgesics and impaired mobility. She also reported that her pain is keeping her awake at night. The physician noted that a recent Toradol injection provided partial improvement. It was noted that she was not having as many sharp jolting, lightening-like pains. It was further noted that the injured worker is not able to perform various activities of daily living. The injured worker did receive an authorization for physical therapy but had not started yet. Physical examination revealed decreased range of motion, sitting straight leg raises increases back pain (negative), gait is guarded but intact, tenderness of upper back/neck, and ecchymosis of right buttock and lumbar paravertebral muscles. Physician recommendation was for acupuncture and massage. The report dated 10/27/2014 notes that the injured worker received a dexamethasone, Kenalog, and Marcaine injection (trigger points in lumbar region).

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog and Dexamethasone injection of the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, there was low back pain reported, however, physical examination findings did not include clear documentation of trigger points, which are required before considering trigger point injections. Therefore, the lumbar Kenalog/dexamethasone/Marcaine injections will be considered medically unnecessary.