

Case Number:	CM14-0202745		
Date Assigned:	12/15/2014	Date of Injury:	07/27/2011
Decision Date:	01/31/2015	UR Denial Date:	11/10/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

This 36 year old woman sustained an industrial injury on 7/27/2011 resulting in a low back injury. The mechanism of injury is not described. Treatment has included physical therapy, home exercises, acupuncture, massage therapy, and oral and topical medications. Pain specialist notes dated 10/23/2014 show complaints of constant aching pain across the low back with intermittent cramping and occasional burning that radiates into the bilateral legs. Her pain rating is 7/10 and is in her average range of 6-9/10. She states that she is having difficulty sitting through classes even with alternating sitting and standing. Physical exam shows limited lumbar extension with pain over L4, L5, and S1 facets with tenderness to palpation over the facets, thoracolumbar fascia and sacroiliac joints. Lower extremity strength is rated 5/5. Recommendations include refill of oral and topical medications, a request for trigger point injections with toradol, and follow up in 4-6 weeks. The worker is noted to be unemployed, permanent and stationary. On 11/10/2014, Utilization Review evaluated a prescription for trigger point injections in the bilateral lumbar fascia x3. The UR physician noted that there was no documentation of discrete trigger points and that the injection would also include an NSAID component. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections Bilateral Lumbar Fascia x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: According to MTUS guidelines, trigger point injection is: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) 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. There is no clear evidence of myofascial pain and trigger points over the lumbar spine. Although the patient was reported to have trigger points, there is documentation of twitch response and referral pain. There is no documentation of failure of oral medications or physical therapy in this case. Therefore, the request for Trigger Point Injections Bilateral Lumbar Fascia x 3 is not medically.