MAXIMUS Federal Services

Case Number:	CM14-0204937		
Date Assigned:	12/17/2014	Date of Injury:	11/30/1990
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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 70-year-old male who has submitted a claim for myofascial pain syndrome, lumbar strain and lumbosacral radiculopathy associated with an industrial injury date of 11/30/1990.Medical records from 2012 to 2014 were reviewed. The patient complained of acute exacerbation of lumbosacral paraspinal muscle pain. He had persistent low back pain radiating to bilateral lower extremities associated with numbness. He underwent previous trigger point injections, which allowed him to sit longer and to perform household chores. He likewise diminished the amount of oral medication intake. He reported 75% pain relief from the procedure, which lasted for two months. Physical examination showed muscle spasm and well-circumscribed trigger points that demonstrated classic twitch response at paralumbar muscles. Straight leg raise test was positive bilaterally. Deep tendon reflexes were diminished rated +1 at both ankles. The MRI of the lumbar spine, dated 5/14/2014, demonstrated severe disc space height loss at L5-S1 with moderate bilateral neural foraminal narrowing likely impinging the bilateral traversing L5 nerve roots.Treatment to date has included trigger point injections for two sessions (most recent on 9/20/2014), physical therapy and medications.The utilization review from 12/3/2014 denied the request for trigger point injections x 4 because of presence of radicular symptoms, an exclusion criterion for the procedure. There was also no reported pain relief greater than 50% attained from previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: As stated on page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections (TPIs) are recommended only for myofascial pain syndrome. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. All of the following criteria should be met: documentation of circumscribed trigger points; symptoms have persisted for more than three months; medical management therapies have failed to control pain; not more than 3-4 injections per session; radiculopathy is not present; 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; and frequency should not be at an interval less than two months. In this case, the patient complained of acute exacerbation of lumbosacral paraspinal muscle pain. He had persistent low back pain radiating to bilateral lower extremities associated with numbness. Physical examination showed muscle spasm and well-circumscribed trigger points that demonstrated classic twitch response at paralumbar muscles. He underwent previous trigger point injections, which allowed him to sit longer and to perform household chores. He likewise diminished the amount of oral medication intake. He reported 75% pain relief from the procedure which lasted for two months. The medical necessity for a repeat injection has been established given the acute exacerbation of his symptoms and significant relief attained from previous injections. Therefore, the request for trigger point injections x 4 is medically necessary.