

Case Number:	CM14-0206260		
Date Assigned:	01/30/2015	Date of Injury:	01/02/1997
Decision Date:	03/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70-year-old male with a reported date of injury on 01/02/1997. The mechanism of injury was not provided. The diagnosis includes lumbar spine degenerative disc disease. The injured worker's prior treatments were noted to include trigger point injections and medication. The latest clinical note dated 10/07/2014 noted the patient had subjective complaints of low back pain. At that time, the patient was taking hydrocodone/acetaminophen, Norco, and Zipsor. On physical examination of the lumbar spine it was noted the patient had tenderness to the L4-5. It was also noted there was evidence of paraspinal spasms over the right side with associated trigger points at L4, L5, and right sided sciatica. The range of motion was noted to be 25% reduced and a sensory motor examination was normal. There was no documentation in regards to the requested trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections under ultrasound guidance at L5 region, quantity: 2: 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 Trigger Point Injections Page(s): 121, 122.

Decision rationale: According to the California MTUS Treatment Guidelines, trigger point injections may be recommended in injured worker's with myofascial pain syndrome. The guidelines continue to state that criteria for the use of trigger point injections should include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain has been present for more than 3 months and has failed to respond to stretching exercise, physical therapy, NSAIDs, and muscle relaxants. The guidelines continue to state that radiculopathy should not be present and that repeat injections are not recommended unless there is greater than 50% pain relief obtained for at least 6 weeks after the injection as well as evidence of functional improvement. There was lack of rationale provided as the why trigger point injections are being recommended as there is no documentation in reference to this request. Additionally, there is a lack of evidence of circumscribed trigger points that have a twitch response upon palpation. Furthermore, there is lack of documentation provided that the injured worker has attempted adequate conservative treatment to include physical therapy and muscle relaxants. Moreover, it remains unclear whether this request is for repeat trigger point injections or trigger point injections to a new area as it was documented that the injured worker had prior trigger point injections. If it is a repeat injection, there was a lack of documentation that the injured worker experience greater than 50% pain relief for at least 6 weeks. Therefore, the request for Trigger point injections under ultrasound guidance at L5 region, quantity: 2 is not medically necessary.