

Case Number:	CM14-0207678		
Date Assigned:	12/19/2014	Date of Injury:	10/12/2010
Decision Date:	02/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/11/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 12, 2010. In a Utilization Review Report dated December 10, 2014, the claims administrator denied a request for trigger point injections to the lumbar paraspinal region. The claims administrator noted that the applicant had received epidural steroid injection therapy, facet injections, and prior trigger point injections, including on June 30, 2011. The claims administrator referenced an RFA form received on December 3, 2014 in its determination. The applicant's attorney subsequently appealed. In an October 29, 2014 progress note, the applicant reported ongoing complaints of neck pain, low back pain, and knee pain. A rather proscriptive 25-pound lifting limitation was endorsed. The applicant was asked to obtain a functional restoration program. The applicant had ancillary complaints of depression and anxiety, it was acknowledged. The attending provider suggested that the applicant was not working with the aforementioned limitations in place. On October 2, 2014, several dietary supplements, topical compounds, 18 sessions of physical therapy, and 18 sessions of manipulative therapy were sought. On October 28, 2013, it was acknowledged that the applicant was not working and had not worked in a protracted amount of time. The applicant was placed off of work, on total temporary disability. MRI imaging of the lumbar spine, acupuncture, an interferential unit, and electrodiagnostic testing of the lower extremities was sought. MRI imaging of June 24, 2014 was notable for a diffuse disk herniation causing impingement upon the right L4 nerve root. In a September 8, 2014 functional restoration program evaluation, it was acknowledged that the applicant's primary pain generator

was, in fact, low back pain radiating into the left leg. On November 14, 2014, the applicant was, once again, given a diagnosis of lumbar radiculopathy owing to ongoing complaints of low back pain radiating into the bilateral lower extremities, with ancillary complaints of insomnia, anxiety, and depression. Trigger point injection therapy, topical compounds, Norco, naproxen, and Flexeril were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Trigger point injections for the paralumbar muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 1. No, the two trigger point injections were not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain. Here, the applicant does, in fact, carry a primary diagnosis of lumbar radiculopathy, radiographically confirmed. Trigger point injections are not, thus, indicated in the lumbar radiculopathy context present here. Therefore, the request was not medically necessary.