

Case Number:	CM14-0218955		
Date Assigned:	01/09/2015	Date of Injury:	11/22/2004
Decision Date:	04/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 59-year-old female who sustained an industrial injury on 11/22/2004. She has reported low back pain. Diagnoses include lumbago, lumbosacral spondylosis without myelopathy, and post-laminectomy syndrome of lumbar region, myalgia and myositis, unspecified. Treatment to date includes a spinal fusion at L4-5 in 2008, an unknown lumbosacral surgery in 2009, and medial branch blocks at L2 and L5 in 2012. She also underwent a non-industrial angioplasty in 2012. She has used a TENS unit (Transcutaneous Electrical Nerve Stimulation) unit, and oral medications for pain. According to the utilization review of 12/23/2014, the IW received trigger point injections to the lumbar spine on 01/14/2014 for relief of lumbar and thoracic pain rated 5/10. At that time, she had tenderness to palpation of the lumbar and thoracic paraspinal muscles with trigger points identified. A progress note from the treating provider dated 01/14/2014 indicates the IW is having continued low back pain rated 5/10 with tenderness to palpation of the lumbar and thoracic paraspinal muscles with trigger points identified. On 12/23/2014 Utilization Review non-certified a request for Retro: Unspecified number of Trigger point injections to the lumbar DOS: 1/14/2014. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Unspecified number of Trigger point injections to the lumbar DOS: 1/14/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124 web edition.

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

Decision rationale: Based on the 01/14/14 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10 that radiates to the right leg, with complaints of weakness and paresthesia. The request is for Retro: Unspecified Number Of Trigger Point Injections To The Lumbar DOS 01/14/14. Patient's diagnosis per Request for Authorization form dated 12/17/14 included lumbago and lumbosacral spondylosis without myelopathy. Physical examination to the lumbar spine on 01/14/14 revealed myofascial tenderness to palpation to paraspinal muscles with trigger points identified. Negative straight leg raise and Patrick's tests. Decreased right patellar reflex. Patient's medications include Norco and Soma. The patient is on temporary disability, per treater report dated 01/14/15. The MTUS Guidelines, on page 122, state that "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." Treater has not provided reason for the request. Per progress report dated 01/14/14, the patient underwent trigger point injection to left and right lumbar X3 and right thoracic paraspinal muscle X1. However, the patient does not meet the MTUS criteria for trigger point injections. Treater identified myofascial tenderness to palpation to paraspinal muscles with trigger points, but no mention of a "twitch response" as well as referred pain is provided. Patient does not have a diagnosis of radiculopathy, but she presents with radicular symptoms to the right leg with decreased patellar reflex. Per progress report dated 01/14/14, treater states that right TFESI L4 is scheduled, and lumbar ESIs require a diagnosis of radiculopathy. According to guidelines, radiculopathy is not indicated for trigger point injections. Therefore, the request WAS NOT medically necessary.