

Case Number:	CM14-0049124		
Date Assigned:	07/07/2014	Date of Injury:	09/29/2001
Decision Date:	01/28/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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 Physical Medicine Rehab, 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 injured worker is a 53-year-old male who reported an injury on 09/29/2001. The mechanism of injury was handcuffing a suspect. His diagnosis was noted as lumbar facet syndrome. His past treatments were note to include physical therapy, medication, lumbar medial branch blocks, work modification, and spinal cord stimulator. His diagnostic studies were not provided. His surgical history was noted to include spinal cord stimulator implantation on 07/15/2012. During the assessment on 03/10/2014, the injured worker complained of low back pain. He indicated that 80% of his pain was in the low back and 20% was in the right leg. He reported that standing aggravates the pain and sitting relieves the pain. There was no physical examination performed that day. His medication was noted to include Opana, Percocet, trazodone, Ambien, and Amitiza. Doses and frequencies were not provided. The rationale for lumbar trigger point injection at L5-S1 was not provided. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar trigger point injection L5-S1: 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): 122.

Decision rationale: The request for lumbar trigger point injection L5-S1 is not medically necessary. The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. They are not recommended for radicular pain. The criteria for the use of trigger point injections includes: treatment of chronic back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) documentation of circumscribed trigger points with evidence of 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 present upon examination; (5) no 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; and (8) trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. The clinical documentation failed to indicate if the patient met any of the criteria for trigger point injections. There was no documentation of circumscribed trigger points with evidence of palpation of a twitch response. There was no documentation of failed attempts of conservative treatment. There was no recent physical examination of the lumbar spine that included the injured worker's current functional condition including range of motion and motor strength which would support the request for trigger point injection. Given the above, the request for lumbar trigger point injection L5-S1 is not medically necessary.