

Case Number:	CM14-0062151		
Date Assigned:	07/11/2014	Date of Injury:	06/05/2007
Decision Date:	03/04/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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, Massachusetts

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 injured worker is a 50 year old male with a date of injury of June 5, 2007. Results of the injury include low back pain. Diagnosis include status post 2-level bilateral neuroforaminotomy and decompression. Treatment has included aqua therapy and toradol injection. X-ray of the spine dated November 13, 2013 revealed stable overall mild generalized degenerative disc disease of the lumbar spine. Progress report dated February 5, 2014 showed there was tenderness to palpation over the paraspinal musculature and some mild guarding on flexion. Disability status was noted as temporarily totally disabled. Treatment plan included a Magnetic Resonance Imaging (MRI) scan of the lumbar spine, aqua therapy, and toradol injection. Utilization form dated April 17, 2014 non certified trigger point injections at lower lumbar due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTIONS AT LOWER LUMBAR: 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: criteria for use Page(s): 122.

Decision rationale: According to CA MTUS guidelines, trigger point injections may be recommended for treatment of chronic lower back if the following criteria are found: 1) documentation of circumscribed trigger points with evidence upon palpation, pain persisted for more than three months, conservative management has failed, radiculopathy is not present, no repeat injections unless greater than 50 percent pain relief is obtained and documented evidence of function improvement. In this specific patient there is lacking evidence of greater than 50 percent pain relief from previous trigger point injections. Consequently further trial of point injections is not supported by the records at this time.