MAXIMUS Federal Services

Case Number:	CM15-0103004		
Date Assigned:	06/05/2015	Date of Injury:	05/15/2013
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 5/15/2013. She reported back pain due to a whiplash type injury. Diagnoses have included lumbar sprain with instability, thoracic sprain with instability, right hip labral tear and left hip probable internal derangement. Treatment to date has included trigger point injections, thoracolumbar radiofrequency ablation, psychotherapy and medication. According to the progress report dated 5/8/2015, the injured worker complained of mid and low back pain. She continued to have pain and spasms in the thoracolumbar spine; she was noted to get several days of relief with the trigger point injections. She complained of increasing pain with extension. Physical exam revealed hyperalgesia and exquisite tenderness over the thoracic and lumbar paravertebral muscles with withdrawal-twitch response. The injured worker was given thoracolumbar trigger point injections. Authorization was requested for thoracolumbar trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracolumbar Trigger Point Injections with lidocaine and marcaine 5ml (10 injections, five each side): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG- low back pain and pg 90.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore the request for lumbar trigger point injection is not medically necessary. According to the ODG guidelines trigger point injections are not recommended in the absence of myofacial pain: Criteria for the use of Trigger point injections: Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re- examined as this may indicate an incorrect diagnosis In this case, the claimant had received injections 1 month prior- indicating short-term relief. In addition, the amount of injections requested exceeds the 3-4 recommended per session. The request for an additional 10 trigger point injections is not medically necessary.