

Case Number:	CM15-0104252		
Date Assigned:	06/08/2015	Date of Injury:	08/09/2012
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on August 9, 2012. The injured worker has been treated for low back complaints. The diagnoses have included lumbago, lumbar radiculopathy, lumbar stenosis, lumbar radiculitis, chronic pain syndrome, drug dependence/opioid type dependence unspecified and depressive disorder. Treatment to date has included medications, radiological studies, a transcutaneous electrical nerve stimulation unit, trigger point injections, sacroiliac joint injections, pain management and psychological evaluations. Current documentation dated April 13, 2015 notes that the injured worker reported low back pain which radiated to the bilateral lower extremities. The pain was characterized as constant, sharp, shooting and numb. Examination of the lumbar spine revealed a painful and decreased range of motion. Strength in the bilateral lower extremities was normal. A straight leg raise was positive on the left. The treating physician's plan of care included a request for retrospective ultrasound guided bilateral trigger point injections to the sacroiliac joint (date of service 04/02/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ultrasound guided - Bilateral trigger point injections SI joint (DOS 4/2/15) Qty: 1.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Trigger point injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective ultrasound guided bilateral trigger point injection SI joints date of service April 2, 2015 #1 is not medically necessary. Trigger point injections are not recommended in the absence of myofascial pain syndrome. The effectiveness of trigger point injections is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. Trigger points are not recommended when there are radicular signs, but they may be used for cervicgia. The criteria for use of trigger point injections include circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than three months; medical management therapies have failed to control pain; radiculopathy is not present; no more than three - four injections per session; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after injection and there is documented evidence of functional improvement; there should be evidence of ongoing conservative treatment including home exercise and stretching. Its use as a sole treatment is not recommended. TPIs are considered an adjunct, not a primary treatment. See the guidelines for additional details. Ultrasound guidance is not recommended for the diagnosis of low back conditions. In uncomplicated low back pain its use would be experimental at best. There is no published peer-reviewed literature to support the use of diagnostic ultrasound in the evaluation of patients with back pain or radicular symptoms. In this case, the injured worker's working diagnoses are thoracic or lumbosacral neuritis or radiculitis, NOS. Documentation from an April 2, 2015 progress note states objectively the injured worker has tenderness to palpation about the bilateral sacroiliac joints. There were also multiple trigger point areas noted upon palpation. The documentation is unclear as to whether trigger point areas are being injected or whether the bilateral sacroiliac joints are being injected. Prior documentation from a January 6, 2015 progress note and the February 4, 2015 progress note indicates the treating provider injected the SI joints under ultrasound guidance. There is no documentation of objective functional improvement in terms of percent improvement and duration. Additionally, the documentation in the medical record states there are multiple trigger point areas noted upon palpation. The treating provider does not specify where (thoracic v. lumbar) and the location the trigger points reside. Additionally, trigger point injections are not recommended as a sole treatment. There should be evidence of continued ongoing conservative treatment including home exercise and stretching. There is no documentation in the medical record of ongoing conservative treatment including home exercise, stretching or physical therapy. Consequently, absent clinical documentation indicating where the trigger points are located (thoracic versus lumbar spine), clarification as to whether SI joints are being injected or trigger points are being injected, objective functional improvement with percentage improvement and duration of improvement with prior injections, clinical documentation showing conservative treatment is provided in conjunction with trigger point injections, retrospective ultrasound guided bilateral trigger point injection SI joints date of service April 2, 2015 #1 is not medically necessary.