

Case Number:	CM15-0107145		
Date Assigned:	06/11/2015	Date of Injury:	01/16/2013
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 01/16/2013. He has reported injury to the low back. The diagnoses have included low back pain; lumbar strain with facet hypertrophy; L4-L5 and L5-S1 intervertebral annular bulging, mild; L4-L5 and L5-S1 facet arthrosis; right L5-S1 subarticular narrowing with mild focal impingement of the exiting right L5 nerve root, mild; right lower extremity neuralgia pain related to lumbar sacral facet focal compression; and pain-induced depression. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Lyrica, Fluoxetine, Butrans Patches, and Zorvolex. A progress report from the treating physician, dated 05/06/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain; he continues to experience intermittent trigger points in his back; activities of daily living remain limited by his lower back pain and neuralgia, but are still tolerated with his current medications; neuralgia from his back to his legs; prolonged flexion aggravates his pain; Lyrica has significantly reduced neuralgia by over 50%; Zorvolex has significantly reduced the severity of pain in his back; Fluoxetine has significantly reduced his pain-induced depression and has increased his motivation; sleep and mood have improved; he continues to stretch and walk daily to tolerance; and he has continued to remain unable to work due to the severity of his pain. Objective findings included lumbar spine muscle spasms remain moderate on the right; trigger point with hyperirritable foci located in palpable taut bands in the paravertebral muscles produced local twitch responses in response to compression, and referred pain to the lumbar spine; decreased lumbar range of motion; and tenderness is noted at the L5-S1 region, sacroiliac

joint, piriformis muscle, right side greater than left, and at the left and right greater trochanter. The treatment plan has included the request for trigger point injection right lumbar muscles 3 sessions every 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection right lumbar muscles 3 sessions every 6-8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger points injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122.

Decision rationale: The claimant sustained a work injury in January 2013 and continues to be treated for low back pain. When seen, there was decreased lumbar spine range of motion with tenderness, muscle spasms, and trigger points. There was an antalgic gait. There was decreased lower extremity strength with normal sensation. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is documented. However, criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. A series of three planned trigger point injections every 6-8 weeks without assessing the claimant's response to the previous treatment performed would therefore not be considered medically necessary.