

Case Number:	CM15-0107274		
Date Assigned:	06/11/2015	Date of Injury:	02/08/2006
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
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 35-year-old male, who sustained an industrial injury on February 8, 2006. Treatment to date has included trigger point injection and medications. Currently, the injured worker complains of constant pain across the low back, which radiates down the right leg. He reports that his pain increases with activity and that a previous trigger point inject relieved his pain for about two to three months. On physical examination, he has a palpable twitch response on the right of the low back and a positive right straight leg raise test. The diagnosis associated with the request is lumbosacral sprain/strain. The treatment plan includes medications and trigger point injection to the right lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection for the Right Side of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Injection with anaesthetics and/or steroids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain. Treatments have included a trigger point injection with reported several months of benefit. When seen, there were muscle spasms and a twitch response over the right lower back. Straight leg raising was positive. 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 referred pain is not documented. 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. In this case, the claimant's response to a previous trigger point injection is not documented in terms of degree of pain relief. Therefore, the requested trigger point injection was not medically necessary.