

Case Number:	CM15-0107802		
Date Assigned:	06/12/2015	Date of Injury:	03/26/2013
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 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 applicant is a represented 35-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 26, 2013. In a Utilization Review report dated May 12, 2015, the claims administrator denied a request for lumbar trigger point injections with Kenalog and lidocaine. The claims administrator referenced an office visit dated April 30, 2015 in its determination. The claims administrator contended that the applicant had had previous trigger point injections as recently as March 2015. The claims administrator contended that the applicant had failed to profit from earlier injections. The claims administrator did not incorporate any guidelines into its rationale, but stated that its decision was based on non-MTUS 2012 ACOEM Guidelines and non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant went on to receive ultrasound-guided trigger point injections to the lumbar spine. Four trigger point injections were performed. Both Kenalog and lidocaine were employed. In a work status report dated May 13, 2015, the attending provider imposed a 20-pound lifting limitation and suggested that the applicant's employer was likely incapable of accommodating these limitations. The applicant had a pending medical-legal evaluation, it was noted. Ongoing complaints of left-sided low back pain were reported. The applicant was using Naprosyn, Prilosec, Flexeril, and Neurontin, it was reported. In an earlier note dated January 13, 2015, the attending provider again stated that the applicant would remain on total temporary disability as the applicant's employer was unable to accommodate suggested limitations. It did not appear, thus, that the applicant was working at this point. The applicant was using Naprosyn, Flexeril, Neurontin, Prilosec, Methoderm, and Mobic, it was noted on this date. Electrodiagnostic testing of the lower extremities was sought to evaluate the applicant's lower extremity numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Trigger Point Injection with Kenalog and Lidocaine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Lumbar.

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

Decision rationale: No, the request for a lumbar trigger point injection with Kenalog and lidocaine was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended for radicular pain. Here, the applicant was described as having radicular pain complaints present at various points in 2015. The applicant was using Neurontin, presumably for radicular pain complaints. The applicant was asked to undergo electrodiagnostic testing of the lower extremities, again seemingly for presumed radicular pain complaints. It did not appear that trigger point injection therapy was indicated in the radicular pain context present here. It is further noted that the request in question did in fact represent a request for repeat trigger point injection therapy as the applicant had had earlier trigger point injections. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant did not appear to have been working as of the May 13, 2015 progress note at issue. Work restrictions were renewed, seemingly unchanged, from visit to visit. Repeat of earlier trigger point injections failed to curtail the applicant's dependence on analgesic medications such to include Neurontin, Mobic, Flexeril, Naprosyn, Methoderm gel, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of prior trigger point injections. Therefore, the request was not medically necessary.