

Case Number:	CM15-0016707		
Date Assigned:	02/05/2015	Date of Injury:	01/14/2004
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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
 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 45 year old male, who sustained an industrial injury on 01/14/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chronic low back pain with flare-up and lumbosacral radiculopathy. Treatment to date has included medication regimen, use of lumbar traction unit, use of electrical stimulator unit, use of re-heatable gel pack, home exercise program, magnetic resonance imaging of the lumbar spine, laboratory studies, and trigger point injections times three to the bilateral lumbar to sacral paraspinal muscles. In a progress note dated 12/19/2014 the treating provider reports low back and leg pain with leg numbness and tingling. The treating physician requested three trigger point injections however the documentation did not indicate the reason for the requested treatment. On 12/29/2014 Utilization Review non-certified the requested treatment of three trigger point injections between 12/19/2014 and 02/24/2015, noting the California Chronic Pain Medical Treatment Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

3 trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (Colorado, 2002) (BlueCross BlueShield, 2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses trigger point injections. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that trigger-point injections are not recommended. Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) indicates that trigger-point injections are not recommended. Medical records document low back conditions. ACOEM guidelines indicate that trigger point injections are not recommended for low back conditions. Therefore, the request for trigger point injections is not supported by ACOEM guidelines. Therefore, the request for trigger point injections is not medically necessary.