

Case Number:	CM15-0129903		
Date Assigned:	07/16/2015	Date of Injury:	11/10/2009
Decision Date:	11/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 64-year-old male with an industrial injury date of 11-10-2009. Medical record review indicates he is being treated for lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus-bulge, lumbar spine radiculopathy, sacroiliac syndrome and lumbar spine myofascial pain. Subjective complaints (04-23-2015) included low back pain, leg pain, hip pain and buttocks pain. The low back pain is rated as 5-6 out of 10 and described as "dull, aching and sharp shooting." Associated symptoms included radiation from back to buttocks and legs with "significant muscle spasms." The treating physician documented: Patient has a complex and complicated multiple etiologies in his lumbar spine. He has a combination of discogenic pain, facet mediated pain as well as radicular pain and myofascial pain. His medications included Norco, Citalopram, Naproxen, Nexium and Benicar. Prior treatments included physical therapy, home exercise program, aggressive weight loss and dietary changes. Other treatments included bilateral lumbar 3, lumbar 4 and lumbar 5 medial branch blocks and bilateral sacroiliac joint injection. The treating physician documented the injured worker had excellent outcome with the bilateral lumbar 3, 4, 5 radio frequency ablation. Physical exam (04-23-2015) revealed myofascial trigger points in the lumbar paraspinal muscles right greater than left. The treating physician indicated deep palpation of well circumscribed trigger points and trigger bands caused reproduction of pain as well as a twitch response with radiation into the lower extremities, buttock and flanks. The treatment request for two repeat ultrasound guided trigger point injections into the left trapezius was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two repeat ultrasound guided trigger point injections into the left trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: With regard to trigger point injections, the MTUS CPMTG states: Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. "Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)" The medical records submitted for review indicate that the injured worker previously underwent trigger point injection 5/22/15. Progress report dated 6/19/15 noted that the injured worker reported pain rated 7-8/10, which was the same as compared with the date of injection. As there was not greater than 50% pain relief for six weeks after the injection, repeat injection is not indicated. The request is not medically necessary.