

Case Number:	CM15-0132244		
Date Assigned:	07/20/2015	Date of Injury:	01/23/2013
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47-year-old male with an industrial injury dated 01/23/2013. His diagnoses included myofascial pain and lumbar sacral radiculopathy. Prior treatments included physical therapy, pain medications and chiropractic adjustments. He presents on 06/03/2015 with complaints of increased pain in the lumbar spine with spasms of the back. Physical exam noted lumbar spine paraspinal trigger points with decreased range of motion of the back. Treatment request is for TPI (trigger point injections) times 4 to bilateral LS (lumbar spine) paraspinal muscles with 5 CC of 1% Lidocaine and 40 mg Kenalog under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

TPI times 4 to bilateral LS Paraspinal Muscles with 5 CC of 1% Lidocaine and 40 mg Kenalog under ultrasound guidance: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, although, the claimant has myofascial pain, there claimant has undergone numerous under intervention that would provide more lasting benefit. The trigger point injections may provide short term benefit but the request for lumbar trigger point injections is not medically necessary.