

Case Number:	CM15-0134772		
Date Assigned:	07/23/2015	Date of Injury:	11/30/1995
Decision Date:	10/05/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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 53 year old female, who sustained an industrial injury on 11-30-95. The diagnoses have included lumbar radiculitis, lumbar post-laminectomy syndrome and status post lumbar transforaminal injection with moderate relief. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, chiropractic, injections, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 5-4-15, the injured worker is status post lumbar transforaminal injection on 11-24-14 with 50 percent relief in low back pain and 50 percent relief of pain in the legs. Medication use has decreased by 30 percent and functional ability has increased with activity level and endurance. She complains of low back pain that radiates to the legs which is a burning pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine which the physician notes that it reveals lumbar Herniated Nucleus Pulposus (HNP) with narrowing, neuroforaminal stenosis, and lumbar bulge. The diagnostic report is not noted in the records. The current medications included Tylenol #3. The objective findings- physical exam reveals lumbar range of motion has improved, straight leg raise is positive bilaterally at 60 degrees with decreased sensation in the posterior thigh. There is spasms with triggers bilaterally and decreased strength on the left. The physician requested treatment included Bilateral L5 Trigger Point Injections-Ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Trigger Point Injections/Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Trigger Point Injections Page(s): 78, 122.

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

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 do not contain documentation of circumscribed trigger points. The criteria is not met, the request is not medically necessary.