

Case Number:	CM15-0136304		
Date Assigned:	07/24/2015	Date of Injury:	03/19/2003
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency 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:

This 44 year old woman sustained an industrial injury on 3/19/2003. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 12/17/2012, 1/28/2013, and 10/30/2003, lumbar spine CT scans dated 12/17/2012 8/18/2009, lumbar CT myelograms dated 7/31/2006 and 2/9/2009, abdominal/pelvis CT scan dated 7/1/2014, abdominal ultrasound dated 6/25/2014, lumbar spine MRI dated 5/21/2003, and lumbar spine CT discogram dated 2/11/2004. Diagnoses include chronic pain syndrome, constipation, opioid dependence, thoracic spine pain, lumbar post-laminectomy syndrome, lumbar/lumbosacral disc degeneration, and lumbosacral neuritis. Treatment has included oral and topical medications, surgical intervention, acupuncture, epidural steroid injections, facet joint injection, heat, ice, massage therapy, occipital nerve block, physical therapy, spinal cord stimulator, trigger point injections, TENS unit for home use, yoga, and stretching. Physician notes dated 6/22/2015 show decreased pain levels to her lumbar spine, right buttock, left leg, thoracic spine, and right foot, with the exception of increased pain in the right leg. The worker rates her pain 8-9/10 without medications and 4-5/10 with medications. Recommendations include continue current medication regimen, increase physical activity, Fentanyl patches, Percocet, Savella, transportation for medical appointments, trigger point injections, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Injection left and trigger point injection at L3-L4, L4-L5, L5-S1 paravertebral:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 47.

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

Decision rationale: The requested Orthopedic Injection left and trigger point injection at L3-L4, L4-L5, L5-S1 paravertebral, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic maybe 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." The injured worker has decreased pain levels to her lumbar spine, right buttock, left leg, thoracic spine, and right foot, with the exception of increased pain in the right leg. The treating physician has not documented a twitch response on physical exam. The treating physician has not documented the criteria percentage or duration of relief from previous injections. The criteria noted above not having been met, Orthopedic Injection left and trigger point injection at L3-L4, L4-L5, L5-S1 paravertebral is not medically necessary.