

Case Number:	CM15-0139915		
Date Assigned:	07/29/2015	Date of Injury:	04/02/2010
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 2, 2010. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for trigger point injections. The claims administrator contended that the applicant had received trigger point injections over a year prior and had a pending epidural steroid injection. The claims administrator referenced progress notes of July 2, 2015 and May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant was given diagnoses of lumbar radiculopathy, multilevel herniated disk, facet syndrome, lumbar spondylolisthesis and myofascial pain syndrome. Epidural steroid injection therapy, Neurontin, and Flexeril were endorsed. The applicant's work status was not detailed. The applicant did report ongoing complaints of low back pain radiating into the bilateral lower extremities with associated paresthesias. The applicant received an epidural steroid injection on March 23, 2015, it was acknowledged. On July 2, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to legs. The applicant also had superimposed myofascial pain complaints, it was reported. Trigger point injection therapy, epidural steroid injection therapy, tramadol, and Neurontin were sought. It was suggested at the bottom of the report that the applicant continued to work (occasional) duties. Trigger point injections were performed in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections for the low back times 4 sites: Upheld

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

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

Decision rationale: No, the request for trigger point injections for the low back was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines trigger point injections are 'not recommended' for applicants with radicular pain complaints. Here, multiple progress notes of mid to late 2015, referenced above strongly suggest that the applicant's primary operating diagnosis was, in fact, lumbar radiculopathy. On July 2, 2015, the applicant was given diagnoses of multilevel herniated disk with associated lumbar radicular pain complaints. The applicant did report ongoing complaints of low back pain radiating into the leg. The applicant had received epidural steroid injection therapy as recent as March 23, 2015; it was reported to that date. The applicant was still using Neurontin, an anticonvulsant adjuvant medication; it was reported on July 2, 2015, presumably for ongoing radicular pain complaints. All of the foregoing, taken together, suggested that the applicant in fact carried a primary operating diagnosis of lumbar radiculopathy for which the trigger point injections in question were not recommended, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.