

Case Number:	CM15-0145262		
Date Assigned:	08/10/2015	Date of Injury:	01/19/2011
Decision Date:	09/04/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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:

The injured worker is a(n) 54 year old female, who sustained an industrial injury on 1-19-11. She reported pain in her lower back. The injured worker was diagnosed as having lumbar radiculitis and L4-L5 degenerative joint disease. Treatment to date has included a caudal epidural injection on 2-28-13 with benefit, Lyrica, Celebrex, Ibuprofen and Tylenol #3. As of the PR2 dated 7-10-15, the injured worker reports pain in her lower back that radiates to her right leg. The treating physician noted tenderness in the L4-L5 region, lumbar range of motion decreased by 25% and paraspinal spasms on the right side. There are trigger points present in the right sciatic, iliac crest and bilateral L4-L5 paraspinals. The treating physician requested an L5 trigger point injection with ultrasound guidance x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 Trigger point injection w/ultrasound guidance Qty 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection Page(s): 122.

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

Decision rationale: The requested L5 Trigger point injection w/ultrasound guidance Qty 4.00, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "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." The injured worker has lower back that radiates to her right leg. The treating physician noted tenderness in the L4-L5 region, lumbar range of motion decreased by 25% and paraspinal spasms on the right side. There are trigger points present in the right sciatic, iliac crest and bilateral L4-L5 paraspinals. The treating physician has not documented a twitch response on physical exam. The criteria noted above not having been met, L5 Trigger point injection w/ultrasound guidance Qty 4.00 is not medically necessary.