

Case Number:	CM15-0162320		
Date Assigned:	08/28/2015	Date of Injury:	05/07/2013
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 33 year old male, who sustained an industrial injury on 05-07-2013. He has reported injury to the low back. The diagnoses have included low back pain; lumbar sprain-strain; lumbar radiculopathy; lumbar facet arthropathy; and lumbosacral or thoracic, neuritis or radiculitis, unspecified. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, acupuncture, epidural steroid injection, and home exercise program. Medications have included Tramadol, Naproxen, LidoPro ointment, Gabapentin, Diclofenac, and Omeprazole. A progress report from the treating physician, dated 06-26-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued intermittent low back pain with radiation to the left lower extremity with numbness and tingling; the pain is rated at 6 out of 10 in intensity; the pain worsens with prolonged standing or lying flat in bed; he had an epidural in September last year, and only had pain relief for two days; he is taking Tramadol as needed for pain; he cannot tolerate non-steroidal anti-inflammatories due to gastric symptoms; he is also taking Gabapentin for neuropathic symptoms he is currently experiencing; and he is currently not working. Objective findings included decreased lumbar range of motion; tenderness to palpation of the lumbar paraspinal muscles; positive straight leg raise; and positive trap muscle spasms. The treatment plan has included the request for trigger point injection to the lumbar spine x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the lumbar spine x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.