MAXIMUS Federal Services

Case Number:	CM15-0164551		
Date Assigned:	09/01/2015	Date of Injury:	12/24/2003
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female, who sustained an industrial injury on 12-24- 2003. Diagnoses have included chronic disorders of coccyx, chronic muscle spasms, sacroiliitis, myalgia and myositis and failed lumbar back surgery syndrome. Treatment to date has included corticosteroid injections, radiofrequency ablation and medication. According to the progress report dated 7-15-2015, the injured worker complained of moderate to severe back pain. The pain was located in the lower back and gluteal area, radiating to the right thigh. She rated her pain as five out of ten with medications and ten out of ten without medications. Physical exam revealed tenderness over the lumbar spine and positive straight leg raise. Lumbar range of motion was restricted and painful. Gait was antalgic. Authorization was requested for trigger point injections times three for the low back and follow up visits for trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient trigger point injections times 3 to the low back: Upheld

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

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

Decision rationale: Outpatient trigger point injections times 3 to the low back are not medically necessary per the MTUS Guidelines. The MTUS states that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and when radiculopathy is not present (by exam, imaging, or neuro-testing). The documentation does not reveal a twitch response on exam and there is evidence of a straight leg raise suggestive radiculopathy therefore trigger point injections are not medically necessary.

Follow-up visits for TPI's 3: Upheld

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

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

Decision rationale: Follow-up visits for TPI's 3 are not medically necessary per the MTUS Guidelines. The MTUS states that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and when radiculopathy is not present (by exam, imaging, or neuro-testing). The documentation does not reveal a twitch response on exam and there is evidence of a straight leg raise suggestive radiculopathy therefore trigger point injections and follow up visits for the trigger point injections are not medically necessary.