

Case Number:	CM15-0181632		
Date Assigned:	09/22/2015	Date of Injury:	05/06/2014
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 5-6-14. Medical record indicated the injured worker was being treated for spinal stenosis of lumbar spine. Treatment to date has included trigger point injection (which dramatically improved his condition for a period of 2-3 weeks, taking pain from 7-8 out of 10 to 3 out of 10), oral medication including Tramadol, physical therapy, acupuncture and activity modifications. Currently on 8-11-15, the injured worker complains of ongoing pain in his neck with radiation down into his right shoulder and shoulder blade as well as upper back pain and low back pain that radiates down into his buttock and thigh bilaterally. Physical exam performed on 8-11-15 revealed tenderness to palpation as well as spasm of the right side of the cervical paraspinal musculature with limited range of motion; exam of the low back revealed tenderness to palpation bilaterally about the paralumbar musculature with spasm of the right side of paralumbar musculature with limited range of motion. The treatment plan included a trigger point injection given on date of service and prescription for Ultram 50mg #60. On 9-4-15, utilization review non-certified a request for trigger point injections noting repeat injections should provide evidence of 50% improvement of pain for at least 6 weeks which does not appear to have been the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tendon injection (Trigger point injection) 2 units, Marcaine .5% 2 units, Ketorolac 2 units, Dexamethasone 2 units (Performed 8/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The patient presents with ongoing pain in his neck with radiation down into his right shoulder and shoulder blade as well as upper back pain and low back pain that radiates down into his buttock and thigh bilaterally. The current request is for Retrospective tendon injection (Trigger point injection) 2 units, Marcaine .5%, Ketorolac 2. The treating physician states, in a report dated 08/13/15, "For symptomatic relief, he was once again given a trigger point injection in two separate areas in order to reduce his symptoms. He obtained such significant relief from the last injection and we anticipate the same to happen after this injection." (141C) The MTUS guidelines state, "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: (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks. (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, the treating physician, based on the records available for review, states "At the time of his last visit, he was provided with a trigger point injection, which he states dramatically improved his condition for a period of two to three weeks." MTUS guidelines require greater than 50% pain relief for six weeks. Additionally, the trigger point injection contained Ketorolac, which is a steroid. Guidelines do not recommend the use of a Ketorolac with the injection. Since all of the required criteria were not met, the current request is not medically necessary.