

Case Number:	CM15-0183000		
Date Assigned:	09/23/2015	Date of Injury:	08/13/2007
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old male with a date of injury of August 13, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervicgia, chronic thoracic pain, left shoulder impingement syndrome, and chronic lumbago. Medical records dated June 30, 2015 indicate that the injured worker complains of lower back pain rated at a level of 10 out of 10. A progress note dated July 22, 2015 indicate that the injured worker complains of increased lower back pain rated at a level of 9 out of 10 without medications, and left shoulder pain rated at a level of 7 out of 10 and 8 out of 10 without medications. The documentation dated July 22, 2015 notes that the injured worker received a trigger point injections at the right L4-5, and, per the treating physician (August 13, 2015), the employee was released to return to work on August 17, 2015 without restrictions. The physical exam dated June 30, 2015, 2015 reveals an antalgic gait, use of a cane, tenderness to palpation centrally in the lower lumbar spine and left lumbar paravertebral muscles, and decreased sensation over the left S1 dermatome distribution. The progress note dated July 22, 2015 reveals a normal gait, tenderness to palpation over the facets at L4-5, intact sensation of the bilateral lower extremities, decreased range of motion of the lumbar spine, and positive facet loading. Treatment has included physical therapy, medications (Anaprox and Tylenol #3 noted on July 22, 2015), and magnetic resonance imaging of the lumbar spine (June 27, 2015) that showed mild to moderate central canal stenosis at L4-5 due to disc bulge, facet hypertrophy, and ligamentum flavum thickening, and degenerative disc disease at L4-5 and L5-S1. The original utilization review (August 19, 2015) non-certified a request for trigger point injections at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right L4-5 trigger point injection: 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 California chronic pain medical treatment guidelines section on trigger point injections states: Trigger point injections Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane, 2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004) Criteria for the use of Trigger point injections: 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. (Colorado, 2002) (BlueCross BlueShield, 2004) The provided clinical documentation fails to show circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore criteria have not been met and the request is not certified, therefore is not medically necessary.