

Case Number:	CM15-0185252		
Date Assigned:	09/25/2015	Date of Injury:	06/21/2004
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

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:

This is a 42-year-old male with a date of injury of June 21, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain and strain. Medical records dated August 18, 2015 indicate that the injured worker complains of increased pain in the low back radiating down into the right leg. The physical exam reveals tenderness to palpation on the right side of the lumbar paraspinal musculature, limited active voluntary range of motion of the lumbar spine, normal motor testing in all major muscle groups of the lower extremities, normal sensation, and palpable trigger point on the right lumbar paraspinal musculature. Treatment has included home exercise, lumbar spine fusion, and medications (Naprosyn 500mg, Vicoprofen, and Prilosec noted on August 18, 2015). The note documents that the current medication regimen "Provides substantial reduction of pain for a minimum of up to six hours", and "Improves function and quality of life". The progress note indicates that the injured worker received a trigger point injections on August 18, 2105. The original utilization review (August 26, 2015) non-certified a request for a trigger point injections to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to lumbar spine: 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 low back pain radiating to the right lower extremity. The request is for TRIGGER POINT INJECTION TO THE LUMBAR SPINE. Physical examination to the lumbar spine on 08/18/15 revealed tenderness to palpation to the right paravertebral muscles. Range of motion was limited in all planes. Per 05/05/15 progress report, patient's diagnosis include sprain strain lumbar, spondylolisthesis, sciatica, spinal stenosis lumbar, degen disc dis lumbar, displacement of disc with sprain lumbar spine. Per 08/18/15 Request For Authorization form patient's medications include Naproxen, Ibuprofen, and Omeprazole. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 122, Trigger Point Injection section has the following: "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)." The treater has not specifically addressed this request. Review of the medical records provided indicate that the patient had a trigger point injection on 08/18/15. Upon physical examination on 08/18/15, the patient exhibited a discrete focal tenderness located in a palpable taut band of skeletal muscle which produced a local twitch in response to pressure against the band. MTUS guidelines indicate that radiculopathy must not be present in order for trigger point injections to be considered medically appropriate. In this case, the patient continues with low back pain radiating to the right lower extremity. This request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.