

Case Number:	CM15-0185409		
Date Assigned:	09/25/2015	Date of Injury:	09/19/1986
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
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:

The injured worker is an 83 year old male who sustained an industrial injury on 9-19-1986. A review of medical records indicated the injured worker is being treated for post laminectomy low back pain, myofascial pain, right lumbar radicular pain, right foot drop, and lumbar facet mediated pain. Medical records dated 8-28-2015 noted low back pain. He has completed left and right lumbar radiofrequency ablation. VAS score was reduced from 8 out 10 to 4 out of 10. He has the increased ability to stand and walk. He states his back pain had improved by 50% (post RF). Physical examination noted reduced tenderness to the bilateral lower lumbar facet column. There was improved lumbar range of motion. There was mild tenderness to the sacroiliac joints. There was sensory loss to right L5. MRI of the lumbar spine dated 8-19-2014 showed significant degenerative changes. Treatment has included bilateral lumbar medial branch block on 1-14-2015 and had nearly 100% relief. He has also been treated with Lyrica and Norco. RFA dated 8-28-2015 requested a right PSIS injection. Utilization review form dated 9-8-2015 non-certified a right posterior sacroiliac spine trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right posterior sacroiliac spine trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for Right posterior sacroiliac spine trigger point injection. Treatment history includes bilateral lumbar medial branch block on 1-14-2015, laminectomy 2001, physical therapy and medications. The patient's work status states "disabled." MTUS Guidelines, Trigger Point Injections, page 122 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 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." Per report 08/28/15, the patient presents with chronic lower back pain, with some right sided pain at the waist level. Physical examination revealed improved lumbar range of motion, and moderate tenderness to the right sacroiliac joints. There was sensory loss to right L5, and positive foot drop. There was also mild tenderness in the sacroiliac joints. The treater discusses an MRI of the lumbar spine from 08/19/14, which showed "significant degenerative changes, including severe facet degenerative changes." The treater requested authorization for a "right PSIS injection". MTUS guidelines indicate that radiculopathy must not be present when considering trigger point injections, and this patient presents with sensory changes. Furthermore, there is no mention of twitch response or referred pain on physical examination. This patient does not meet the criteria for trigger point injections. Therefore, the request is not medically necessary.