

Case Number:	CM15-0186020		
Date Assigned:	09/28/2015	Date of Injury:	03/26/2014
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 26, 2014. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve requests for trigger point injections for the lumbar spine. Progress notes and RFA forms of August 3, 2015, August 25, 2015, and July 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported ongoing complaints of low back pain 6 weeks removed from an earlier thoracic hardware removal between the T9 and T12. The applicant reported peri-incision low back pain and muscle spasms. The applicant was largely bedridden, it was stated. The applicant was on Norco and oxycodone for pain relief. 5/5 lower extremity motor function was reported. The applicant was given diagnosis of painful hardware and muscle spasms. Trigger point injection therapy, massage therapy, physical therapy, and Celebrex were endorsed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. There was no mention of whether the applicant had or had not had prior trigger point injections. An earlier note of May 20, 2015 was notable for commentary to the effect that the applicant had ongoing issues with lumbar radiculopathy. The applicant had received an earlier L4-L5 epidural steroid injection for the same. The applicant was on Norco and Valium, it was stated at this point. While the applicant was given diagnosis of lumbar radiculitis, other sections of the note stated that the applicant had predominantly axial pain complaints and/or had adjacent level disk disease below the level of the lumbar fusion.

Cymbalta was endorsed. A medical-legal evaluator reported on October 20, 2014 that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral trigger point injections, Thoracic and Lumbar spine, Qty 2: 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: No, the request for bilateral trigger point injections was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain. Here, a May 20, 2015 progress note stated that one of the applicant's operating diagnoses was in fact lumbar radiculitis. The applicant had undergone earlier lumbar spine surgery and received earlier lumbar epidural steroid injection therapy, presumably for radicular pain complaints, it was acknowledged on May 20, 2015. The applicant was using Cymbalta, presumably for residual radicular pain complaints, it was suggested (but not clearly stated) on that date. It did not appear that trigger point injections were, thus, indicated in the setting of the claimant's having residual radicular pain complaints. While page 122 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that trigger point injections are recommended for myofascial pain syndrome in limited circumstances, here, again, the applicant's presentation was not necessarily suggestive or evocative of myofascial pain syndrome and several of the treating providers opined that the applicant had a variety of operating diagnoses present, including peri-incisional pain, hardware associated pain, muscle spasms, radiculitis, spondylolysis, etc. It was not clearly stated why trigger point injection therapy was sought in the context of the applicant's seemingly having multiple pain generators. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that trigger point injections should not be repeated without evidence of functional improvement and lasting analgesia with earlier blocks. Here, the attending provider's August 12, 2015 office visit did not state whether the applicant had or had not had earlier trigger point injections and, if so, what the response was. Therefore, the request was not medically necessary.