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| Case Number: | CM15-0189241 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 12/13/2012 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 a 47 year old female, who sustained an industrial injury on 12-13-12. She reported low back pain. The injured worker was diagnosed as having lumbar sprain or strain with right sided radiculopathy. Treatment to date has included use of a back brace, at least 12 physical therapy sessions, at least 12 chiropractic treatments, acupuncture, a home exercise program, 2 lumbar epidural steroid injections, and medication including Ultracet, Anaprox, and Flexeril. The treating physician noted, "The patient did undergo a very successful lumbar epidural injection on 3-26-15 and reported at least 70% pain relief to her lower back as well as radicular symptoms to her lower extremities with notable improvement in mobility and activity tolerance. The effects lasted a good three months, but unfortunately over the past few weeks, her pain had returned back to pre-injection level." On 7-10-15, physical examination findings included a positive straight leg raise test, tenderness to palpation with muscle guarding in the paraspinal musculature, and decreased sensation following the L5-S1 dermatomal distribution. Lumbar spine range of motion was 70 % of normal. On 8-19-15, the injured worker complained of low back pain radiating to the right lower extremity rated as 8 of 10. The treating physician requested authorization for retrospective trigger point injections administered on 8-19-15. On 8-26-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point Injections administered on 8-19-15: 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 was injured on 12/13/12 and presents with low back pain radiating down the right lower extremity. The retrospective request is for a trigger point injections administered ON 8-19-15. There is no RFA provided and the patient's current work status is not provided. MTUS Guidelines, Trigger Point Injections section, 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." The patient is diagnosed with lumbar sprain or strain with right sided radiculopathy. The 08/19/15 report states that "the patient was determined to have chronic (greater than three months) myofascial pain in the posterior lumbar musculature, which medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and/or muscle relaxants have failed to control. The patient has palpable trigger points with 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. These injections are occasionally necessary to maintain function and help decrease medication use. The patient reported good pain relief of greater than 50% and an increased range of motion a few minutes later." MTUS Guidelines does not support the use of TPI in patients who present with radiculopathy, which this patient is diagnosed with. Therefore, the requested trigger point injection IS NOT medically necessary.