

Case Number:	CM15-0190703		
Date Assigned:	10/02/2015	Date of Injury:	11/08/2012
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male sustained an industrial injury on 11-8-12. Documentation indicated that the injured worker was receiving treatment for low back pain. Previous treatment included lumbar laminectomy and discectomy (7-17-14), physical therapy, chiropractic therapy, acupuncture, epidural steroid injections, home exercise and medications. In the only PR-2 submitted for review, dated 6-8-15, the injured worker complained of ongoing pain that radiated down the left side to the foot with left ankle and foot throbbing pain. The injured worker reported that he was only taking over the counter medications for pain. Requests for Tramadol had been denied. Physical exam was remarkable for "lumbar tenderness and limited range of motion". The physician documented that lumbar magnetic resonance imaging (5-19-14) showed mild levoscoliosis and moderate multilevel disc degeneration with stenosis. The treatment plan included requesting authorization for Tramadol. On 9-11-15, Utilization Review noncertified a request for trigger point injections 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 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, TPI.

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

Decision rationale: The claimant sustained a work injury in November 2012 when he had back pain after completing a work shift while working as a forklift driver. He had an L4/5 laminectomy/diskectomy in July 2014. In June 2015, complaints included continued radiating pain on the left side to the foot. An MRI of the lumbar spine in May 2014 showed findings of severe left recess stenosis near the L5 nerve root. When seen, he was having low back pain mainly at the surgical site. Physical examination findings included lumbar tenderness with decreased range of motion. There was a twitch response located at the L5 level near his surgical scar. Authorization was requested for a trigger point injection. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a referred pain is not documented and post-operative imaging shows the presence of left lumbar radiculopathy. A trigger point injection is not considered medically necessary.