MAXIMUS Federal Services

Case Number:	CM15-0190731		
Date Assigned:	10/02/2015	Date of Injury:	10/04/2002
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
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:

The injured worker is a 66 year old female, who sustained an industrial injury on 10-04-2002. She has reported injury to the low back. The diagnoses have included lumbar discogenic pain syndrome; right L5 radiculopathy; and severe chronic pain syndrome. Treatment to date has included medications, diagnostics, home exercise program, trigger point injections, and physical therapy. Medications have included Vicodin, Norco, Elavil, Zoloft, Gabapentin, Soma, and Prilosec. A progress note from the treating physician, dated 03-17-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain rated at 10 out of 10 in intensity; sleep is 3 to 4 hours per night; she is experiencing an acute flare-up of pain; she is a bit stressed today; and the Norco, up to four times a day, drops her pain from a level 10 to a level 7 and improves her daytime function at least 25%. Objective findings included tightness noted to the cervical spine; lumbar spine trigger points and myofascial restrictions are noted in the bilateral gluteus medius and piriformis groups; straight leg raise test is positive on the right; and a nine-panel point of care immune assay toxicology study was consistent with prescribed opioid medications. It is noted that prior trigger point injections have allowed the injured worker to have greater than 50% relief from the injections; she is able to do 25% more light housework with the injections; they last 4 to 6 weeks; and they allow her to take less opioids. Trigger point injection was administered per policy by the provider to "the areas as stated above under "objective" identified by palpable band, local twitch, referred pain zone, and improvement with injection". The injured worker achieved greater than 50% pain relief from the trigger point injection to the lumbar spine. The treatment plan has included the request for trigger point

injections 1. The original utilization review, dated 09-14-2015, non-certified the request for trigger point injections 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections 1: 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 claimant has a remote history of a work injury occurring in October 2002 and continues to be treated for chronic low back pain with right L5 radiculopathy. In March 2015 she had low back pain rated at 10/10. Trigger point injections were performed in the gluteus medius and piriformis muscles bilaterally. A Toradol injection was also administered. One month later in April 2015 low back pain was rated at 10/10. When seen in August 2015, low back pain was rated at 10/10. She was having right leg pain. Physical examination findings included lumbar myofascial restrictions with spasms. There was positive straight leg raising bilaterally. Authorization is being 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. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the claimant's low back pain remained at 10/10 when seen five weeks after the injections performed in March 2015. Toradol was also administered at the visit in March which could account for at least some, if not all, pain relief immediately after the procedure. Currently, the presence of a twitch response with referred pain is not documented. For any of these reasons, a repeat trigger point injection is not medically necessary.