

Case Number:	CM15-0190834		
Date Assigned:	10/02/2015	Date of Injury:	05/25/2000
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 54 year old male, who sustained an industrial injury on 05-25-2000. Work status is not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, myalgia and myositis, dysesthesia, spasm of muscle, and anxiety. Treatment and diagnostics to date have included bilateral L4-5 and L5-S1 transforaminal epidural steroid injection, home exercise program, and medications. Current medications include Norco, Lyrica, cyclobenzaprine, and Neurontin. After review of progress notes dated 08-18-2015 and 09-02-2015, the injured worker reported back and right shoulder pain rated 10 out of 10 on the pain scale without medications and 5 out of 10 with medications. Objective findings included decreased lumbar spine range of motion and decreased shoulder range of motion with "significant" crepitus. The treating physician stated that the "MRI from March 11, 2013, shows L1-2 mild anterior disc bulge, L3-4 left lateral disc extrusion extending into the left neuroforamen, causing severe left neuroforaminal stenosis, and impinging on the left L3 nerve root. Mild diffuse disc bulging noted at L4-5 and possible shallow right lateral disc protrusion contributing to mild to moderate right neuroforaminal stenosis. Mild left neuroforaminal stenosis. L5-S1 diffuse disc bulge and probable shallow central disc protrusion causing indentation on the ventral thecal sac and mild bilateral neuroforaminal stenosis." The Utilization Review with a decision date of 09-17-2015 denied the request for retrospective trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro trigger point injections: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Trigger point injections (TPIs).

Decision rationale: According to the cited CA MTUS guideline, trigger point injections are recommended for myofascial pain syndrome, but not for use in radicular pain. There are multiple criteria for the use of trigger point injections, to include the documentation of the trigger points with evidence upon palpation of twitch response with referred pain, symptom present for greater than three months, no radiculopathy, and no more than 3-4 injections per session. Concerning this injured worker, the treating physician had noted tender myofascial trigger points in the left lower extremity on previous notes; however, there are no recent defined trigger points on exam and symptoms present greater than three months. Therefore, the documentation does not clearly meet criteria per the MTUS, so the retrospective request for trigger point injections is not medically necessary and appropriate.