

Case Number:	CM15-0195944		
Date Assigned:	10/09/2015	Date of Injury:	06/04/2010
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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 39 year old male, who sustained an industrial injury on 6-4-2010. The medical records indicate that the injured worker is undergoing treatment for lumbosacral spondylosis without myelopathy, chronic pain syndrome, and long-term use of medications. According to the progress report dated 9-10-2015, the injured worker presented with complaints of ongoing low back and bilateral lower extremity pain. On a subjective pain scale, he rates his pain 5-6 out of 10 with medications. The physical examination of the lumbar spine reveals palpable taut bands, soft tissue dysfunction and spasm in the paraspinal region, and positive straight leg raise test. The current medications are Baclofen, Duragesic patch, Gabapentin, Lidocaine ointment, Norco, Omeprazole, and Naproxen. Previous diagnostic studies include CT scan of the lumbar spine. Treatments to date include medication management and medial branch radiofrequency. Work status is not indicated. The original utilization review (9-18-2015) had non-certified a request for lumbar trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar trigger point injection: Upheld

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

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

Decision rationale: The goal of TPIs is to facilitate progress in PT and ultimately to support patient success in a program of home stretching exercise. There is no documented failure of previous therapy treatment. Submitted reports have no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain nor were there any functional benefit from multiple previous injections. In addition, Per MTUS Chronic Pain Treatment Guidelines, criteria for treatment request include documented clear clinical deficits impairing functional ADLs; however, in regards to this patient, exam findings identified possible radicular signs and clinical findings, which are medically contraindicated for TPI's criteria. Medical necessity for Trigger point injections has not been established and does not meet guidelines criteria. The Lumbar trigger point injection is not medically necessary and appropriate.