

Case Number:	CM15-0197133		
Date Assigned:	10/12/2015	Date of Injury:	09/25/1998
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii

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 66-year-old female who sustained an industrial injury on 9-25-1998. Diagnoses have included chronic pain syndrome cervical radiculopathy, arthropathy of the lumbar facet, lumbosacral radiculopathy, nonunion of fracture, displacement and degeneration of lumbar intervertebral disc without myelopathy, low back pain, and spasm. Documented treatment has included five back fusions in 2001 and 2008; TENS unit; heat; unspecified injections; and, medication including ibuprofen, Kadian, Norco, and Skelaxin, noted to bring pain from 10 to 7 out of 10. On 9-16-2015 the injured worker was complaining of worsening, persistent, upper, middle, and low back pain radiating to both lower extremities, including numbness. Pain was described as "severe" and aching, burning, deep, dull, piercing, sharp, shooting, stabbing and throbbing. It is aggravated with activity and the injured worker rated interference with activities of daily living as 10 out of 10 on a 0-10 scale. Objective evaluation noted pain with range of motion, a twitch response, and hypoesthesia in the lower extremities. The treating physician's plan of care includes a diagnostic trigger point injection to be injected into 3 lumbar paraspinal muscles. That was denied on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection (to be injected to 3 lumbar paraspinal muscles): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 patient presents with diagnoses have included chronic pain syndrome, cervical radiculopathy, arthropathy of the lumbar facet, lumbosacral radiculopathy, nonunion of fracture, displacement and degeneration of lumbar intervertebral disc without myelopathy, low back pain, and spasm. The patient is post multiple back fusions in 2001 and 2008. The patient recently complained of worsening, persistent, upper, middle, and low back pain radiating to both lower extremities, including numbness. The current request is for a trigger point injection (to be injected to 3 lumbar paraspinal muscles). The treating physician states in the treating report dated 9/16/15 (24B). "On physical exam, she has numerous circumscribed taut bands which cause a twitch response in the lumbar region. I will schedule trigger point injections." The treating physician states in the treating report dated 4/29/15 (147B) "The TPIs increase her functioning for most of the day, without having to lay down for rest. They decrease her pain 50%. She is also walking 15-20 mins longer before needing to rest. She can sit up to 40-60 mins longer before having to stand and stretch. She continues to describe that the trigger point injections are one of the most helpful therapies she has had in recent years." MTUS guidelines state: 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. In this case, the treating physician has documented trigger points with evidence upon palpation of a twitch response, the pain relief obtained with prior injections and the worsening pain despite her current medication regimen, however, the presence of radiculopathy was noted via lumbar MRI of 9/28/2015, patient report and examination. Therefore, the current request is not medically necessary.