

Case Number:	CM15-0197943		
Date Assigned:	10/13/2015	Date of Injury:	03/19/2001
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, California
 Certification(s)/Specialty: 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:

This is a 56 year old female who sustained an industrial injury on 3-19-2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar failed back syndrome, myofascial pain syndrome and knee-lower leg degenerative joint disease arthritis. According to the progress report dated 8-3-2015, the injured worker complained of low back pain radiating to her legs. Her spinal cord stimulator provided good coverage of her bilateral lower extremities but was not covering her back pain. She rated her current pain as 7 out of 10. The physical exam (8-3-2015) revealed pain on palpation of the lumbar facet bilaterally at the L3-S1 region and over the lumbar intervertebral spaces. Palpable twitch positive trigger points were noted in the lumbar paraspinal muscles. Gait was antalgic. Treatment has included lumbar surgery, spinal cord stimulator implant and medications (Dilaudid, Duragesic, Effexor and Trazodone). Trigger point injections were performed on 8-3-2015. The request for authorization was dated 8-31-2015. The original Utilization Review (UR) (9-14-2015) modified a request for retrospective trigger point injections for date of service 8-3-2015 from 6 to 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TPIs (trigger point injections) QTY 6 DOS: 8/03/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 90.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. According to the ODG guidelines trigger point injections are not recommended in the absence of myofascial pain. Criteria for the use of Trigger point injections: Trigger point injections (TPI) with a local anesthetic with or without steroid may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome (MPS) 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 an indication (however, if a patient has MPS plus radiculopathy a TPI may be given to treat the MPS); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief with reduced medication use 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; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended; (9) There should be evidence of continued ongoing conservative treatment including home exercise and stretching. Use as a sole treatment is not recommended; (10) If pain persists after 2 to 3 injections the treatment plan should be re-examined as this may indicate an incorrect diagnosis, a lack of success with this procedure, or a lack of incorporation of other more conservative treatment modalities for myofascial pain. It should, In this case, the claimant was not on NSAIDS. The request was for 6 rather than the maximum of 3 injections. Based on the above, the request for lumbar trigger point injection is not medically necessary.