

Case Number:	CM15-0198217		
Date Assigned:	10/13/2015	Date of Injury:	08/26/2008
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 41 year old male, who sustained an industrial injury on August 26, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having multi level L-S discs, cervico-brachial syndrome, lumbar facet syndrome, left shoulder tenosynovitis, anxiety, probable post traumatic insomnia, thoracalgia and sacroiliitis. Treatment to date has included injections, acupuncture and medications. He reported approximately 20% relief or more and increased function with electro-acupuncture. With this treatment, he was able to lessen his medication intake 50%. Trigger point injections provided 30% relief for over three months with a decrease in medication intake during that period. On August 24, 2015, the injured worker complained of bilateral lower back pain rated as a 7-8 on a 1-10 pain scale. He noted that his low back pain was about the same. He reported neuropathic pain in his right leg from his buttock to his foot from his lower back. This pain is described as aching and stabbing along with stiffness and tightness. Physical examination revealed lumbar spine range of motion as flexion 40 degrees, extension 20 degrees, lateral right 25 degrees and lateral left 25 degrees with moderate pain. His lower back was noted to be getting markedly worse. Dorsal lumbar range of motion was 40 degrees with right rotation and 40 degrees with left rotation along with mild pain. Lumbar spine examination revealed tenderness and trigger points. Straight leg raise and Kemp's were positive on the left and right. The treatment plan included trigger point injections of the bilateral sacroiliac joints. On September 18, 2015, utilization review denied a request for trigger point injections of the bilateral sacroiliac joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections of the Bilateral Sacroiliac Joints: 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: CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. In this case the exam notes from 8/24/15 demonstrate no evidence of myofascial pain syndrome and the claimant has evidence of radiculopathy. Therefore the request is not medically necessary.