

Case Number:	CM15-0199156		
Date Assigned:	10/15/2015	Date of Injury:	10/02/1993
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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:

The injured worker is a 39-year-old female who sustained an industrial injury on 10-2-1993 and has been treated for low back pain and lumbar disc disease, sciatica, and lumbar post-laminectomy syndrome. Documented treatment includes lumbar laminectomy with fusion, therapeutic exercises, and multiple pain medications. The injured worker had received a previous trigger point injection on 3-4-2015 with noted 50 percent improvement lasting over a month. On 9-9-2015 the injured worker reported low back pain "still" shooting down the lower right extremity described as stabbing and shooting. Over the previous two weeks, she reported being mostly in bed. Examination revealed trigger point in the right lumbar paravertebral region at L5 and S1 regions, with twitch response; decreased sensation at L5 and S1 dermatome; severe muscle spasms; and "very limited" range of motion. The injured worker was noted as being in a "hunched over" posture. The treating physician's plan of care includes a trigger point injection to the lumbar spine which was denied on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): 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. The ODG guidelines support trigger injections if there is more than 50% benefit for 6 weeks in those with myofascial pain and indentified trigger points. Although the claimant had improved with prior trigger injections, the claimant did have multiple interventions including RFA, ESI, stimulator and surgeries. This supports the short-term benefit of invasive procedures. Therefore the request for additional lumbar trigger point injection is not medically necessary.