

Case Number:	CM15-0204007		
Date Assigned:	10/20/2015	Date of Injury:	08/03/2009
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 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 64 year old male, who sustained an industrial injury on 8-3-09. The injured worker is diagnosed with grade II spondylolisthesis L5-S1, L4-S1 disc degeneration and intermittent lumbar radiculopathy. His work status is temporary total disability. Notes dated 6-30-15, 7-28-15 and 9-4-15 reveals the injured worker presented with complaints of low back pain and intermittent spasms in his low back. Physical examinations dated 7-28-15 and 9-4-15 revealed a mildly altered gait, tenderness and spasm of the lumbar paravertebral muscles at L4-L5 (left sided), decreased range of motion and mildly decreased sensations over the right L3, L4 and S1 dermatomes. Treatment to date has included lumbar facet block injection, which decreased his pain by 80% for approximately 2 weeks per note dated 4-15-15; medications reduce his pain from 8-9 out of 10 to 6 out of 10 per note dated 9-4-15 and trigger point injections. Diagnostic studies include lumbar spine CT myelogram. A request for authorization dated 9-4-15 for trigger point injections to the paravertebral muscles left L4-L5 retrospective date of service 9-4-15 is denied, per Utilization Review letter dated 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 09/04/2015, Trigger Point Injection Paravertebral Muscles Left L4-5 #1: 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 9/4/15 demonstrate no evidence of myofascial pain syndrome (most of his pain resolved with facet injections) and the claimant has evidence of radiculopathy. The request does not meet the criteria set forth in the guidelines and is therefore not medically necessary.