

Case Number:	CM15-0206229		
Date Assigned:	10/23/2015	Date of Injury:	01/04/2001
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 4, 2001. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for trigger point injections for the neck and lumbar spine. The claims administrator referenced RFA forms dated July 27, 2015 and September 25, 2015 in its determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant reported ongoing complaints of low back pain. The applicant had undergone earlier failed lumbar spine surgery with subsequent hardware removal, it was reported. The applicant's medication list included Norco, Harvoni, Wellbutrin, Amoxil, Motrin, ketoconazole cream, lactulose, Ativan, methadone, Remeron, Percocet, and Zantac. The applicant's BMI was 29, it was reported. The applicant was described as having shooting pain about the legs. The applicant also carried a diagnosis of "cervical discogenic disease with radiculitis," the treating provider reported. Permanent work restrictions were renewed. Gym membership was sought. Trigger point injection therapy was performed. A cane, OxyContin, Xanax, Cymbalta, and Norco were also prescribed. The applicant was asked to consult with a pain management physician. The applicant's work status was not explicitly detailed. On July 16, 2015, the applicant's permanent work restrictions were renewed. Trigger point injections were performed. OxyContin, Xanax, Cymbalta, and Norco were likewise renewed. Severe pain spasm was reported on this date. It was not explicitly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection; lumbar spine: 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: No, the request for a trigger point injection to the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections, i.e., the article at issue are deemed "not recommended" for radicular pain. Here, the September 17, 2015 office visit stated that the applicant did in fact have ongoing issues with low back pain with associated shooting pain about the legs status post earlier lumbar spine surgery with subsequent hardware removal. The applicant's primary operating diagnosis, thus, did appear to be lumbar radiculopathy (as opposed to myofascial pain syndrome for which the trigger point injections in question appeared to have been considered). Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulate that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia or functional improvement with earlier blocks. Here, however, the applicant had received earlier trigger point injections on July 16, 2015. It did not appear that the applicant had profited appreciably from the same. Permanent work restrictions were renewed on July 16, 2015 and on September 17, 2015, seemingly unchanged from previous dates of service. It did not appear that the applicant was working with said limitations in place. Receipt of prior trigger point injections failed to curtail the applicant's dependence on a variety of opioid agents to include methadone, Percocet, and Norco, the treating provider acknowledged on September 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior trigger point injections at various points over the course of the claim. Therefore, the request was not medically necessary.

Trigger point injection; neck: 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: Similarly, the request for a trigger point injection to the neck was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" in the radicular pain context present here. The attending provider stated on September 17, 2015 that one of the applicant's operating diagnoses was "cervical discogenic

disease with radiculitis," i.e., a diagnosis for which trigger point injections are not recommended, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, which further stipulate that pursuit of repeat trigger point injections should be predicated on evidence of lasting analgesia or functional improvement with earlier blocks. Here, the applicant had received earlier trigger point injections on July 16, 2015. It did not appear, however, that the previous trigger point injections had produced requisite functional improvement needed to justify pursuit of repeat injections. Permanent work restrictions were renewed, seemingly unchanged from visit to visit. It did not appear that the applicant was working with said limitations in place. The applicant remained dependent on a variety of opioid agents to include Norco, methadone, and Percocet, the treating provider reported on September 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier trigger point injections to the neck. Therefore, the request was not medically necessary.