

Case Number:	CM15-0207188		
Date Assigned:	10/26/2015	Date of Injury:	01/07/2003
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 currently retired. Medical records indicated that the injured worker is undergoing treatment for chronic low back pain with left lower extremity radiculitis, facet degenerative joint disease to lumbar spine, cervical strain status post surgery, and depression. Treatment and diagnostics to date has included injections and medications. Recent medications have included Ambien, Flexeril, Tizanidine, Vicodin, and Valium. No MRI reports noted in received medical records. Subjective data (08-13-2015 and 09-24-2015), included low back pain (with radiation to left and right buttocks), neck pain, and depression. Objective findings (09-24-2015) included lumbar spine tenderness with paraspinal muscle spasms, trigger points at L3, L4, and L5, decreased lumbar range of motion, and positive straight leg raise test. The request for authorization dated 09-28-2015 requested trigger point injection under ultrasound guidance L5 region x 4. The Utilization Review with a decision date of 10-01-2015 denied the request for trigger point injection under ultrasound guidance L5 region x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection under ultrasound guidance L5 region X 4: 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: The claimant has a remote history of a work injury in January 2003 and is being treated for low back pain, neck pain, and depression. She has a history of a multilevel cervical fusion. In October 2014, a previous provider had performed trigger point injections with decreased pain by more than 50%. On 08/13/15 L5, region trigger point injections were performed with ultrasound guidance. When seen on 09/24/15 she was having pain across the back radiating to the buttocks and dull, continuous neck pain with spasms. Physical examination findings included cervical and lumbar tenderness with spasms. There were trapezius and lumbar abd sciatic trigger points. There was decreased range of motion. There was right occipital tenderness. There was decreased lower extremity sensation, strength, and a reduced ankle reflex. There was an abnormal gait. The impression references low back pain with left lower extremity radiculitis. L5 region trigger point injections were performed. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented. The claimant has findings on examination w/ radiculopathy and a diagnosis of radiculitis. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the degree and duration of pain relief if any after the last injection procedure performed is not documented and a repeat injection was performed less than 6 weeks after the previous procedure. The request is not considered medically necessary.