

Case Number:	CM15-0207213		
Date Assigned:	10/26/2015	Date of Injury:	09/12/1997
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
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: California, North Carolina
 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 70 year old female who sustained an industrial injury on September 12, 1997. Medical records indicated that the injured worker was treated for left back pain. Her medical diagnoses include chronic pain syndrome, left lower back muscle spasm, muscle twitching and right upper extremity pain, sensitivity consistent with complex regional pain syndrome I (CRPS) of upper limb. In the provider notes dated from September 30, 2015 the injured worker complained of left low lumbar muscle spasms causing soreness, aching and back stiffness. She continues to have right arm pain. She rates her pain 9 to 10 on a pain scale of 0 to 10 in her left upper, middle lumbar region and paraspinal muscles. She states the pain and spasms interfere with her activities and functional daily living. She is requesting trigger point injections to the lower back, stating that she has had in the past. On exam, the documentation noted left lower back spasms with restricted and painful spinal extension. Coordination was impaired with an antalgic gait. Weakness was noted in both upper extremities. The treatment plan is to continue medications and trigger point injections to the left lumbar paraspinal muscle region. Previous treatments have included trigger point injections, physical therapy, narcotic pain medications, massage therapy and spinal cord stimulation. A Request for Authorization was submitted for 3 trigger point injections. The Utilization Review dated October 14, 2015 non certified the request for 3 trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Trigger point injections left lumbar paraspinal muscle region: 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: This patient is a 70 year-old woman with date of injury of 9/12/97 who has chronic low back pain for which trigger point injections are requested. MTUS Guidelines provides very specific criteria for trigger point injection, including, documentation of circumscribed trigger points with evidence upon palpation of a twitch response; symptoms greater than 3 months; failure of medical management; radiculopathy is not present; not more than 3-4 injections can be performed/session; greater than 50% pain relief is achieved for 6 weeks; there is evidence of functional improvement; and frequency should be at an interval of less than 2 months. In this case, previous trigger point injections yielded little more than 50% pain relief. There is no documentation of length of relief or specific functional improvement due to previous injections. Therefore the patient does not meet criteria for additional trigger point injections. The request is not medically necessary.