

Case Number:	CM15-0021627		
Date Assigned:	02/11/2015	Date of Injury:	12/08/2005
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 58 year old male who sustained an industrial injury on December 8, 2005. He has reported injury to the low back and lower extremities and has been diagnosed with degenerative lumbar disc disease, myofascial pain syndrome, and diabetes mellitus with possible peripheral neuropathy. Treatment has included trigger point injections, exercises, and medications. Currently the injured workers palpation had discrete tender trigger points over his low back and buttocks with muscle twitch points. The treatment plan included trigger point injections and medications. On January 13, 2015 Utilization Review non certified retrospective trigger point injections, lumbar citing the ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injections, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Trigger point injections

Decision rationale: Guidelines state that trigger point injections are recommended for myofascial pain syndrome where the trigger points have a twitch response and referred pain. They also should only be used after failed attempts with medical management and physical therapy. The documentation provided did not indicate the presence of trigger points with well-circumscribed local twitch response along with referred pain pattern. Without this documentation, trigger point injections are not recommended. Trigger point injections lumbar x 4 is not medically appropriate and necessary.