

Case Number:	CM15-0022567		
Date Assigned:	02/12/2015	Date of Injury:	06/03/1988
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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
 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 an 80 year old male who sustained an industrial injury on 6/3/88. He is complaining of low back pain with radiating pain and numbness down bilateral lower extremities and persistent neck pain. He uses a cane for ambulation. His medications are Coumadin and insulin. Diagnoses are chronic lumbosacral pain secondary to herniated nucleus propulsus with subjective radiculopathy lower extremities; chronic cervical strain; myofascial dysfunction; diabetes and heart disease. Treatments to date include trigger point injections, hot packs. Diagnostics include MRI. In the progress note dated 4/3/14 the treating provider indicated that trigger point injections are very beneficial in reducing radicular pain and increase functioning. Progress note 1/ 6/15 indicates a request for MRI Lumbar spine and trigger point injection. On 1/12/15 Utilization review non-certified the requests for 1 trigger point and one MRI of the Lumbar Spine citing injection MTUS: Chronic Pain Medical treatment Guidelines and MTUS: Chronic Pain medical Treatment Guidelines: MRI, ACOEM: Chapter 12 (Low Back Complaints), ODG: Low Back- Lumbar & Thoracic (Acute & Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The requested One (1) trigger point injection, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain;(2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended."The injured worker has low back pain with radiating pain and numbness down bilateral lower extremities and persistent neck pain. The treating physician has not documented a twitch response on physical exam nor criteria based percentage and duration of relief from a previous injection. The criteria noted above not having been met, One (1) trigger point injection is not medically necessary.

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested One (1) MRI of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain with radiating pain and numbness down bilateral lower extremities and persistent neck pain. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength, nor an acute clinical change since a previous MRI. The criteria noted above not having been met, One (1) MRI of the lumbar spine is not medically necessary.

