

Case Number:	CM15-0026719		
Date Assigned:	02/19/2015	Date of Injury:	04/25/2009
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: Arizona, California

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 57 year old female, who sustained an industrial injury on 4/25/2009. The diagnoses have included status post left C4-5 posterior cervical foraminotomy and right C5-6 cervical posterior foraminotomy with fixation and fusion from C4-6, status post posterior lumbar fusion L4-S1, lumbar pseudo arthrosis L4-5 and L5-S1, status post anterior lumbar decompression with interbody fusion and status post anterior and posterior lumbar interbody fusion at L2-3. Treatment to date has included trigger point injections, multiple surgical interventions and medications. Currently, the IW complains of severe low back pain for which she made three trips to the emergency department within the last week and was admitted for three days. The pain radiated to the flanks, hips and upper thigh. There is numbness on the left side. Objective findings included a healed incision, tenderness to palpation with limited range of motion and a positive Phalen's test bilaterally. On 1/12/2015, Utilization Review non-certified a request for bilateral trigger point injections to the paralumbar region noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/12/2015, the injured worker submitted an application for IMR for review of trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral trigger point injection to the lower paralumbar region: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had already received trigger injections, spina; fuion and a request was simultaneously requested for an ESI. Therefore the request for additional lumbar trigger point injection is not medically necessary.