

Case Number:	CM15-0026908		
Date Assigned:	02/19/2015	Date of Injury:	08/06/2004
Decision Date:	04/06/2015	UR Denial Date:	01/10/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 08/06/2004. The diagnoses have included chronic pain syndrome, myosis pain/fibromyosis/myalgia, lumbosacral spondylosis, lumbar radiculopathy, and degenerative lumbar disc disease. Noted treatments to date have included physical therapy, ice, epidural steroid injections, and medications.

Diagnostics to date have included lumbar spine films that showed degenerative changes at L5-S1 per progress note. In a progress note dated 12/22/2014, the injured worker presented with complaints of lower back pain which radiates down the legs. The treating physician reported performing a lumbar trigger point injection. Utilization Review determination on 01/09/2015 non-certified the request for 3 Trigger Point Injections with Ultrasound Guidance citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Trigger Point Injections with Ultrasound Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009).

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The patient is s/p lumbar fusion and decompression in May 2005. The request is for 3 X trigger point injections with ultrasound guidance. Per QME's 05/16/14 report, the patient has had several epidural steroid injections on L5-S1 on the left in 2012 and 2013 with some improvement. "The injection on 10/21/13 gave the patient some improvement with the trigger points about 60%." EMG studies confirms an S1 radiculopathy on the left and the date of EMG studies is not known. MTUS guidelines page 122 does not recommend trigger point injections for radicular pain. Regarding repeat injection MTUS guidelines states "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." In this case, the treater does not provide an explanation as to why another trigger point injections is being requested. The utilization review letter on 01/10/15 indicates that patient has had 6 sessions of trigger point injections in 2014. There is no documentation of functional improvement or the duration of pain relief. Furthermore, the patient presents with radicular pain per EMG studies, for which MTUS guidelines do not support trigger point injections. Finally, there is no support for the use of U/S guidance with trigger point injections. Trigger points are examination findings and not an anatomic finding available to U/S imaging. The request IS NOT medically necessary.