

Case Number:	CM15-0028243		
Date Assigned:	02/20/2015	Date of Injury:	06/08/2010
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 59 year old female sustained an industrial injury on 6/8/10, with subsequent ongoing back and neck pain. Treatment included cervical fusion, transcutaneous electrical nerve stimulator unit, physical therapy, epidural steroid injections and medications. No recent magnetic resonance imaging was available to review. In a PR-2 dated 1/8/15, the injured worker reported having increasing muscle spasms and had difficulty reaching her back with her right hand. Physical exam was remarkable for significant trigger points in the right lower spinae erectors and gluteal muscles. Current diagnoses included chronic pain syndrome, myofascial pain, cervical and lumbar strain. The treatment plan included trigger point injections, starting Flexeril and continuing Trazadone. On 1/16/15, Utilization Review non-certified a request for Trigger Point Injections to the Lumbar Spine, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injections to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger Point Injections.

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

Decision rationale: Trigger point injections to the lumbar spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should not be more than 3-4 injections per session. There should be 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. The request does not indicate a quantity of injections and the MTUS does not support greater than 3-4 injections per session. Therefore, the request for trigger point injections to the lumbar spine are not medically necessary.