

Case Number:	CM15-0214333		
Date Assigned:	11/04/2015	Date of Injury:	03/01/2013
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This 44-year-old woman sustained an industrial injury on 3-1-2013. Treatment has included oral medications and four session of physical therapy. Physician notes dated 9-16-2015 show complaints of low back pain. The physical examination shows tenderness to palpation of the paralumbar musculature. Lumbar spine range of motion is described as "limited" and is noted to be forward flexion 30 degrees, extension less than 15 degrees, bilateral lateral bending less than 5 degrees. There is a slight antalgic gait, positive straight leg raise bilaterally, motor and sensory exams were normal. Recommendations include Flector patches, and follow up in one month. Although not documented in the note of the same date, an RFA dated 9-16-2015 shows trigger point injections. Utilization Review denied a request for trigger point injections on 10-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective trigger point injection (Marcaine .5%, 1 unit, Ketoralac 2 units, Dexamethasone 2 units) for DOS 9/16/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Based on the 9/16/15 progress report provided by the treating physician, this patient presents with improved low back pain. The treater has asked for RETROSPECTIVE TRIGGER POINT INJECTION (MARCAINE .5%, 1 UNIT, KETORALAC 2 UNITS, DEXAMETHASONE 2 UNITS) FOR DOS 9/16/2015 but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization dated 9/16/15 is spinal stenosis of lumbar. The patient is 1-year s/p unspecified spinal surgery per 10/14/15 report. The 8/19/15 report specifies that the patient had a lumbar fusion surgery. The patient is s/p 4 sessions of physical therapy with a resultant flare-up of back pain per 9/16/15 report. The patient is currently only taking medication sparingly as of 9/16/15 report. The patient is currently working with restrictions as of 9/16/15 report. MTUS Guidelines, Trigger Point Injections section, page 122 states: 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 treater does not discuss this request in the reports provided. Review of the reports show the patient has not had any prior trigger point injections. The patient has a diagnosis of spinal stenosis of lumbar, with ongoing low back pain. MTUS recommends trigger point injections only for myofascial pain syndrome and not for radicular pain. Although the treater documents tenderness to palpation bilaterally of the paralumbar musculature per 8/16/15 report, there is no diagnosis of myofascial pain. In addition, the 4/8/15 report states that the patient has continual pain in the back radiating into the buttocks, and a "straight-leg-raising test in the left reproduces pain in the back and buttock, right nonpainful." Furthermore, there are no statements regarding twitch response, taut band and referred pain as required by MTUS. Without appropriate documentation of the criteria for trigger point injections, the request cannot be supported. Therefore, the request IS NOT medically necessary.