

Case Number:	CM15-0218932		
Date Assigned:	11/10/2015	Date of Injury:	12/24/1990
Decision Date:	12/23/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

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

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 53 year old male, who sustained an industrial injury on 12-24-1990. The injured worker is currently unable to work. Medical records indicated that the injured worker is undergoing treatment for low back pain. Treatment and diagnostics to date has included multiple trigger point injections (most recent injection dated 10-22-2015) and medications. Recent medications have included Norco. Subjective data (08-24-2015, 09-24-2015, and 10-22-2015), included low back pain rated 6 out of 10 on the pain scale. Objective findings (08-24-2015, 09-24-2015, and 10-22-2015) included an antalgic gait and tenderness noted in the lumbar paraspinal muscles with spasm. The Utilization Review with a decision date of 10-29-2015 non-certified the request for retrospective trigger point injections with 0.5cc of 2% Lidocaine and Traumeel 0.5cc x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger point injections x8 with 0.5cc of 2% Lidocaine and Traumeel 0.5cc
DOS: 10/22/15: 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: The claimant has a remote history of a work injury occurring in December 1990 and continues to be treated for chronic back pain. When seen, he was having lower lumbar spine discomfort radiating to the left and right buttock. He had pain rated at 6/10. He was having stiffness, muscle spasms, and numbness. He was continuing to swim on a regular basis. Physical examination findings included an antalgic gait. There was crepitus, tenderness, and an effusion. He had lumbar paraspinal tenderness with spasms. Trigger point injections were performed with lidocaine and Traumeel. Norco was refilled. Since February 2015 trigger point injections have been performed more than 40 times. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented. Criteria for a repeat trigger point injection include documentation of greater than 50% pain relief with reduced medication use lasting for at least six weeks after a prior injection and there is documented evidence of functional improvement. In this case, the degree and duration of pain relief after the last injection procedure performed is not documented. Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended and in this case Traumeel was included in the injectate. For any of these reasons, the injection performed is not medically necessary.