

Case Number:	CM15-0223116		
Date Assigned:	11/19/2015	Date of Injury:	11/21/1998
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

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 51 year old male with an industrial injury date of 11-21-1998. Medical record review indicates he is being treated for chronic pain syndrome, cervical post laminectomy syndrome, and lumbar post laminectomy syndrome. Subjective complaints (09-30-2015) included back pain radiating to the right lower extremity. The pain is described as aching, burning, cramping and tingling. The pain is rated as 1 out of 10 with medications and 10 out of 10 without medications. Physical exam (09-30-2015) noted tenderness of the paraspinal region at lumbar 5, the iliolumbar region, the gluteus maximus and the piriformis. There was pain with range of motion. Prior treatments included epidural steroid injection, trigger point injection and medication. On 10-12-2015 the request for trigger point injections - lumbar region - quantity of 1 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections-lumbar region Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, trigger point injections had been previously given, and the provider requested approval for lumbar trigger point injection. However, at the time of this injection, physical examination findings did not clearly reveal a trigger point at the lumbar area in order to justify an injection to this area. Without more clear evidence of this, the injection will be considered medically unnecessary.