

Case Number:	CM15-0036056		
Date Assigned:	03/04/2015	Date of Injury:	09/08/2011
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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: North Carolina, Georgia
 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 56-year-old female, who sustained an industrial injury on 9/8/11. She has reported low back strain after lifting a 5-gallon water jug. The diagnoses have included lumbosacral disc degeneration, thoracic strain/sprain, lumbar sprain/strain and low back pain. Treatment to date has included acupuncture, chiropractic, physical therapy, medications, exercise program, modified activities, medial branch blocks and diagnostics. Currently, as per physician progress note dated 2/6/15, the injured worker complains of low back pain rated 4/10 on pain scale. The pain was described as burning and aching pain in the lumbosacral area extending bilaterally, worse in the left buttock. The pain was aggravated by sitting, standing or walking for extended periods. She reports that again she felt better for 5 days following the medial branch blocks. The physical exam of the lumbar spine revealed tenderness to palpation, buttocks and sciatic notches were tender, and flexion and range causes some discomfort in the lumbosacral area. Extension is much more painful and extension with rotation greatly reproduces pain at the lumbosacral junction is on the ipsilateral side. There were no recent diagnostics, current medications or past physical therapy noted. Treatment plan was for a trial of trigger point injection into the area of the interspinous ligament L5-S1. The work status was working with previous work restrictions. On 2/19/15 Utilization Review non-certified a request for Outpatient Trigger Point Injection 1-2 Muscles L5-S1 with Treating Physician, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain treatment guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Trigger Point Injection 1-2 Muscles L5-S1 with Treating Physician: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 122.

Decision rationale: CA MTUS guidelines state that trigger point injections are an option for the treatment of myofascial pain, with little evidence existing for lasting value. Trigger point injections are not recommended for use in radicular pain. The addition of a corticosteroid to the local anesthetic is not recommended. Trigger points may be present in 33-50 % of the adult population. Trigger point injection may be necessary for function in patients with myofascial trigger points when present on exam in conjunction with myofascial pain syndrome. Trigger point injections are not recommended for use in fibromyalgia or in typical back or neck pain. Criteria for use includes documentation of trigger points with both twitch response and referred pain on palpation, symptoms present for at least three months, documentation of trial of conservative therapies, no radicular symptoms present, no more than 3-4 injections per session at intervals no closer than 2 months, repeat trigger point injections should be used only when a 50 % reduction in pain accompanied by improved functional status and no substance other than local anesthetic should be used as the injecting solution. In this case, there is no documentation of a twitch response or referred pain on palpation. Trigger point injection is not medically indicated.