

Case Number:	CM15-0037158		
Date Assigned:	03/05/2015	Date of Injury:	06/13/2010
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 43-year-old female, with a reported date of injury of 06/13/2010. The diagnoses include lumbar spine stenosis, lumbar spine disc bulge, and lumbar facet arthropathy. Treatments have included oral medications and a trigger point injection. The comprehensive orthopedic evaluation report dated 01/29/2015 indicates that the injured worker reported that her pain was severe and was almost to the point that was debilitating. She refused pain medications at the time. The physical examination showed paraspinous musculature spasm, worse on the left than the right side, difficulty with one-legged standing, because of pain, and ability to stand on her toes and heels and squats without significant deviation. A trigger point injection to the piriformis musculature at L4-5 and L5-S1 was given, and was tolerated well. The injection provided substantial pain relief. The treating physician requested corticosteroid/trigger point injection on 01/22/2015 to the right piriformis and corticosteroid/trigger point injection on 01/29/2015 to the paraspinous musculature at the L4-5 and L5-S1 region. It was noted that the trigger point pain was relieved with trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Corticosteroid/trigger point injection on 1/22/15 to the right piriformis:

Upheld

Claims Administrator guideline: Decision based on MTUS 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: The 43-year-old patient presents with debilitating pain in the lumbar spine, as per progress report dated 01/29/15. The request is for RETROSPECTIVE CORTICOSTEROID TRIGGER POINT INJECTION ON 01/22/15 TO THE RIGHT PIRIFORMIS. The RFA for this case is dated 02/04/15, and the patient's date of injury is 06/13/10. Diagnoses, as per progress report dated 10/13/14, included lumbar spine stenosis, lumbar spine disc bulge, and lumbar facet arthropathy. Medications included Norflox and Ibuprofen. The patient is performing full duty, as per progress report dated 01/29/15. The MTUS Guidelines page 122 under its Chronic Pain Section states that trigger-point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points defined as "evidence upon palpation of a twitch response as well as referred pain" symptoms persisting more than 3 months; failure of medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. In progress report dated 10/13/14, the treater is requesting for TPI to the piriformis based on physical examination, which revealed trigger points in the affected areas along with positive piriformis test. In the same report, the treater states that trigger point injection in the same area "has worked previously with good benefit. For example, we have gotten the patient through the last three months without an early follow-up." In progress report dated 01/22/15, the treater states that the patient was given trigger point injection at the piriformis due to presence of trigger points. However, there was no documentation regarding symptoms, failure of medical management, and greater than 50% relief from prior injection. Hence, this request IS NOT medically necessary.

Retrospective Corticosteroid/trigger point injection on 1/29/15 to paraspinous musculature at the L4-5 and L5-S1 region: Upheld

Claims Administrator guideline: Decision based on MTUS 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: The 43-year-old patient presents with debilitating pain in the lumbar spine, as per progress report dated 01/29/15. The request is for RETROSPECTIVE CORTICOSTEROID/TRIGGER POINT INJECTION ON 01/29/15 TO PARASPINOUS MUSCULATURE AT THE L4-5 AND L5-S1 REGION. The RFA for this case is dated 02/04/15, and the patient's date of injury is 06/13/10. Diagnoses, as per progress report dated 10/13/14, included lumbar spine stenosis, lumbar spine disc bulge, and lumbar facet arthropathy. Medications included Norflox and Ibuprofen, as per progress report dated 10/13/14. The patient

is performing full duty, as per progress report dated 01/29/15. The MTUS Guidelines page 122 under its Chronic Pain Section states that trigger-point injections are recommended only for myofascial pain syndrome with limited lasting value. It is not recommended for radicular pain. MTUS further states that all criteria need to be met including documentation of trigger points defined as "evidence upon palpation of a twitch response as well as referred pain"; symptoms persisting more than 3 months; failure of medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. In this case, none of the available reports discuss the need for TPI to the lumbar paraspinal muscles. In orthopedic evaluation report dated 01/29/15, the treating physician states that the patient is suffering from debilitating pain in the lumbar spine and has difficulty with one-legged standing. The patient was given TPI at L4-5 and L5-S1. "The patient tolerated the procedure well and reported substantial pain relief directly after the injection," as per the physician. The reports, however, do not document the presence of trigger points or twitch response as well as referred pain. There is no indication of medical management failure as well and the patient received a TPI one week earlier, which did not provide 6 weeks of at least 50% relief. The request IS NOT medically necessary.