

Case Number:	CM15-0041649		
Date Assigned:	03/11/2015	Date of Injury:	08/12/2013
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/05/2015

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 York
 Certification(s)/Specialty: Internal Medicine

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 61 year old female, who sustained an industrial injury on 08/12/2013. She reported injury to low back. The injured worker was diagnosed as having lumbago; sprain lumbar region; lumbar radiculitis; and lumbosacral spondylosis. Treatment to date has included medications, diagnostic studies, and physical therapy. Medications have included Cyclobenzaprine, Flector Patch, and Omeprazole. A progress note from the treating provider, dated 01/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased low back pain due to moving; low back pain radiates to the left lower extremity; and muscle spasms. Objective findings included tenderness to palpation of the lumbar quadratus muscle with left hip tenderness. The treatment plan of care includes prescription medications. Request is being made for Trigger point injection to the left lumbar quadratus times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point Injection to the left lumbar quadratus times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: According to California MTUS Guidelines, 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 on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. There was no documentation provided indicating circumscribed trigger points with palpable twitch response and referred pain. Medical necessity for the requested item has not been established. The requested trigger point injection is not medically necessary.