

Case Number:	CM15-0043082		
Date Assigned:	03/13/2015	Date of Injury:	05/15/2013
Decision Date:	05/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 32-year-old female who reported injury on 05/15/2013. The mechanism of injury was noted to be the injured worker was getting out of a car quickly and her radio on her waist got stuck in the doorframe and the injured worker twisted her back. The diagnoses included lumbago, displacement of thoracic intervertebral disc without myelopathy and other pain disorder related to psychological factors, pain in the thoracic spine and unspecified site of thoracic region sprain and strain. There was a Request for Authorization submitted for review dated 02/06/2015. The injured worker underwent an MRI of the thoracic spine that was noncontributory to the request. The injured worker underwent an MRI of the lumbar spine without contrast which was noncontributory. The documentation of 02/06/2015 revealed the injured worker got approximately 24 hours of relief with the prior trigger point injection. The current medications were noted to include hydrocodone/acetaminophen 10/325 mg, Cymbalta 30 mg, polyethylene glycol 3350 oral packet, Fibercon 625 mg oral tablets, omeprazole 20 mg oral capsule, Ondansetron 8 mg, and oxycodone/acetaminophen 10/325 mg. Additionally, the injured worker was utilizing lorazepam 0.5 mg. The physical examination revealed the injured worker was standing shifting side to side with exquisite tenderness over the mid thoracolumbar region and lumbosacral region bilaterally and the pain was a 5/10 to 8/10. The injured worker avoided forward flexion and extension and twisting. The documentation indicated the injured worker had several Kenalog injections and as such the injured worker was given dexamethasone 4 mg/ml plus 9 ml of 1% lidocaine to 5 of the mid thoracolumbar trigger points and 2 of the right lumbosacral after ice and chlorhexidine prep. The injured worker had significant partial

improvement but still guarded position and anticipated being able to increase her walking and get a break and be able to breathe better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine and dexamethasone repeat trigger point injections, performed on February 6, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

Decision rationale: The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review indicated the injured worker got 24 hours of relief. There was a lack of documentation indicating the injured worker had 50% pain relief for 6 weeks with documented evidence of objective functional improvement. There was a lack of documented circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Additionally, there was a lack of documentation indicating when the prior injection or injections were. The request as submitted failed to indicate the quantity of injections that were performed or being requested. Given the above, the request for Lidocaine and dexamethasone repeat trigger point injections, performed on February 6, 2015 is not medically necessary.