

Case Number:	CM15-0046048		
Date Assigned:	03/18/2015	Date of Injury:	07/23/2004
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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 58 year old male, who sustained an industrial injury on July 23, 2004. The diagnoses have included lumbar disc displacement without myelopathy and degeneration lumbar disc lumbar facet syndrome. Treatment to date has included lumbar epidural steroid injection, lumbar facet injections, opioids, cervical fusion in January 1990, and bilateral lumbar radio frequency ablation facet nerve January 2008, January 2009 and September 2010. Currently, the injured worker complains of back pain and intermittent leg pain. In a progress note dated January 12, 2015, the treating provider reports examination of the lumbar spine revealed profound reproducible axial back pain and buttocks pain with extension and rotation of the lumbar spine, spasm and guarding, and gait was antalgic, tenderness to palpation at the lumbosacral junction left side more than right side and decreased range of motion. The provider requested trigger point injects for the low back times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injections: Upheld

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

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

Decision rationale: The patient presents with back pain and intermittent leg pain. The physician is requesting 4 trigger point injections. The RFA was not made available for review. The patient's date of injury is from 07/23/2004 and he is currently permanent and stationary. 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; symptoms persist more than 3 months; medical management therapy; radiculopathy is not present; no repeat injections unless greater than 50% relief is obtained for 6 weeks, etc. The 01/12/2015 progress report notes that the patient has had lumbar epidural steroid injection without benefit. He has also received radiofrequency facet injection, which was beneficial. The patient reports of flare up since Thanksgiving and states that his pain has been gradually worsening. He states that he woke up one morning with worse low back pain radiating down into his left lower extremity. The patient has had trigger point injections, which "helped with this back pain in the past." In this case, the MTUS guidelines require at least 50% pain relief for six weeks for repeat injections. Furthermore, the patient reports radicular symptoms to the left lower extremity. The patient does not meet the required criteria for repeat injections and the request is not medically necessary.