

Case Number:	CM15-0047060		
Date Assigned:	03/19/2015	Date of Injury:	06/09/2014
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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(n) 47 year old female, who sustained an industrial injury on 6/9/14. She reported pain in the lower back related to lifting a heavy object. The injured worker was diagnosed as having lumbar sprain, neuralgia and lumbar radiculopathy. Treatment to date has included aquatic therapy, lumbar MRI, physical therapy and pain medications. As of the PR2 dated 1/29/15, the injured worker reports 7-8/10 low back pain with radiation to the right hip. She indicated that the Toradol injection only helped pain for a few days. The treating physician noted tenderness at the bilateral posterior iliac spine and a positive Patrick's test bilaterally. The treating physician requested eight trigger point injection in the lumbar paraspinal right gluteal region.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Trigger Point injections in lumbar paraspinal right gluteal region musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Trigger Point injections Page(s): 122.

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

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain". And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective". MTUS lists the criteria for Trigger Points: (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 (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) 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; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The MTUS allow up to 3-4 trigger point injections at a time. This request is in excess of the guidelines. Also, the patient has evidence of radiculopathy which the MTUS recommends against trigger point injections. As such, the request for 8 Trigger Point injections in the lumbar paraspinal right gluteal musculature is not medically necessary.