

Case Number:	CM15-0055067		
Date Assigned:	03/30/2015	Date of Injury:	10/15/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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, Pain Management

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 37 year old female who sustained a work related injury October 15, 2013. While lifting weights, she experienced pain in her lower back. The pain increased to include her neck, right shoulder, right arm, right leg, and right foot. She was treated with medications, x-rays, MRI, chiropractic treatments, and six sessions of psychotherapy. According to a physician's progress report, dated February 20, 2015, the injured worker presented with complaints of low back pain, 7/10 without medication and 3/10 with medication and neck pain. Current medications include Lidoderm parch, ibuprofen, and Tylenol Ex-strength. Physical examination is consistent with myofascial pain, lumbar facet syndrome, and lumbar strain. Diagnosis is documented as backache, not otherwise specified. Treatment plan included request for trigger point injection for lumbar spine, continue medications. Of note, the injured worker is breastfeeding and unable to try other medications. An appeal letter dated March 26, 2015 states that the patient's physical examination revealed spasm, tenderness, and tight muscle band in the patient's lumbar spine. Home exercise, stretching, and trigger point injections are recommended. The note indicates that oral pain medication incompletely addresses the patient's symptoms. Notes indicate that the patient has undergone 12 chiropractic sessions, psychotherapy, and diagnostic workup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection lumbar paravertebral: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 Page(s): 122. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings consistent with trigger points, such as a twitch response as well as referred pain upon palpation. In the absence of such documentation, the requested trigger point injections are not medically necessary.