MAXIMUS Federal Services

Case Number:	CM15-0081682		
Date Assigned:	05/04/2015	Date of Injury:	10/02/2013
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/28/2015

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: Massachusetts
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:

This 58 year old man sustained an industrial injury on 10/2/2013. The mechanism of injury is not detailed. Evaluations include lumbosacral x-rays dated 10/14/2013, pelvic x-rays dated 10/14/2013, lumbar spine MRIs dated 10/25/1996 and 2/21/2014, and electrodiagnostic studies of the bilateral upper extremities dated 1/25/2014. Diagnoses include chronic low back pain. Treatment has included oral medications, physical therapy, work conditioning, and lumbar spine trigger point injections. Physician notes per AME evaluation dated 3/25/2015 show complaints of low back pain. Future medical care is kept open on a precautionary basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for low back pain. When seen, there had been a flare up of back pain for two weeks. Physical examination findings included decreased spinal range of motion and right lumbar and gluteus medius taut muscle bands with positive press response and referred pain. Prior treatments had included a combination of eight Medrol Dosepak and trigger point injections providing tremendous pain relief. The assessment references the claimant as not having attributed the improvement to the trigger point injections. Medrol was prescribed and trigger point injections performed. In this case, the claimant has a history of myofascial pain and had done well after receiving Medrol and trigger point injections. Unfortunately, which of these interventions actually improved his condition cannot be determined. According to the provider's note, the claimant felt that the trigger point injections had not been effective. When seen, Medrol was prescribed. Trigger point injections could be considered in this case if the Medrol was not effective. However, starting Medrol and simultaneously performing the injections is not appropriate.