

Case Number:	CM15-0082331		
Date Assigned:	05/04/2015	Date of Injury:	05/04/2004
Decision Date:	06/03/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male who sustained a work related injury May 4, 2014. While working as an EMT, he lifted a corpse and injured his lower back. Past history included s/p laminectomy, s/p disc replacement, and s/p L5-S1 posterior lateral fusion with segmental fixation. According to a primary treating physician's progress notes, dated March 6, 2015, the injured worker presented for a follow-up visit with persistent lower back pain, rated 5/10. The pain is described as heaviness with intermittent burning, stabbing, and spasm, radiating into the upper lumbar area and around his scar line. He is doing fairly well on current medications; cyclobenzaprine, fentanyl patch, and Norco. Diagnoses is documented as past history and lumbar facet pain; lumbar radicular pain. Treatment plan included prescriptions for medications, trial for a TENS unit, psychologist consultation, and at issue, request for trigger point injection, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 132.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant was doing well on medications. Numerous other modalities for intervention were simultaneously requested. Therefore the request for lumbar trigger point injection is not medically necessary.