

Case Number:	CM15-0086393		
Date Assigned:	05/11/2015	Date of Injury:	05/06/2010
Decision Date:	06/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 35 year old female, who sustained an industrial injury on 5/6/2010. She reported injuring her low back and buttocks due to falling out of a chair. Diagnoses have included cervical, thoracic and lumbar musculoligamentous sprain, cervical spine disc bulge, chronic pain, lumbar facet arthropathy, cervical spine radiculopathy, left trochanteric bursitis and sacroiliac dysfunction. Treatment to date has included magnetic resonance imaging (MRI), acupuncture, chiropractic treatment, physical therapy, home exercise program and medication. According to the progress report dated 3/9/2015, the injured worker complained of neck and low back pain. The pain radiated down the legs and she reported some numbness/tingling into the toes. She reported that traction had helped. She rated her pain as 4/10, frequently increasing to 8/10. The injured worker was temporarily totally disabled. Authorization was requested for bilateral lumbar trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar trigger point injection qty: 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, trigger point injections.

Decision rationale: The medical records do not report the presence of trigger points with demonstrated twitch response. ODG guidelines support trigger point injections are not recommended in the absence of myofascial pain syndrome. See the Pain Chapter for Criteria for the use of Trigger point injections. The effectiveness of trigger point injection is uncertain, in part due to the difficulty of demonstrating advantages of active medication over injection of saline. Needling alone may be responsible for some of the therapeutic response. The only indication with some positive data is myofascial pain; may be appropriate when myofascial trigger points are present on examination. As the medical records do not demonstrate trigger points on exam not responsive to other conservative treatment, ODG guidelines do not support trigger point injections in this case. The request is not medically necessary.