

Case Number:	CM15-0087378		
Date Assigned:	05/11/2015	Date of Injury:	05/13/2014
Decision Date:	06/17/2015	UR Denial Date:	04/07/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old female, who sustained an industrial injury on May 13, 2014. She reported that while making a salad her midback began to spasm. The injured worker was diagnosed as having lumbar strain, thoracic sprain, cervical myofascial tension with occipital headaches and thoracic outlet syndrome, lateral epicondylitis, De Quervain's wrist tenosynovitis, possible carpal tunnel syndrome, chronic pain induced depression and anxiety. Treatment to date has included MRIs, physical therapy, psychotherapy, and medication. Currently, the injured worker complains of lumbar sacral pain, neuralgia in her legs radiating from her back, shoulder pain, with nocturnal diaphoresis. The Treating Physician's report dated February 17, 2015, noted the injured worker reported that the benefit of her chronic pain medication maintenance regimen, activity restriction, and rest continued to keep her pain within a manageable level to allow her to complete the necessary activities of daily living. Shoulder pain was noted to have increased on the right from muscle spasms experienced from the back. Physical examination was noted to show tenderness to palpation at the cervico thoracic junction and mid thoracic region, with the lower thoracic spine exhibiting tenderness to percussion. The elbows examination was noted to show left medial epicondyle tenderness and right medial and lateral epicondyle tenderness. The lumbar spine was noted to have facet loading aggravated pain complaints in the lower lumbar spine with extension aggravated pain complaints. Radiating paresthesias was provoked radiating to the upper extremities and hands with neck rotation and shoulder abduction. The treatment plan was noted to include continued prescribed medications and re-evaluation in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection left lumbar muscle 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS 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: Based on the 02/03/15 progress report provided by treating physician, the patient presents with low back pain. The request is for TRIGGER POINT INJECTION LEFT LUMBAR MUSCLE 3 SESSIONS. Per RFA dated 02/03/05 Duloxetine is requested for "neuralgia arising from the back," and diagnosis of unspecified sprain/strain lumbar. Patient's diagnosis on 02/17/15 included lumbar strain, thoracic sprain, cervical myofascial tension with occipital headaches and thoracic outlet syndrome, lateral epicondylitis, De Quervain's wrist tenosynovitis, possible carpal tunnel syndrome, chronic pain induced depression and anxiety. Physical examination to the lumbar spine on 02/17/15 revealed tenderness to palpation and decreased range of motion, especially on extension 10 degrees. Facet loading and extension aggravated pain complaints. Treatment to date has included MRIs, physical therapy, psychotherapy, and medication. Patient's medications include Duloxetine and Topirate. The patient is permanent and stationary, per 02/17/15 progress report. Treatment reports were provided from 06/12/85 - 04/08/15. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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." Treater has not provided reason for the request. Medical rationale nor RFA with the request is provided. Per 02/17/15 report, treater states Topirate "has reduced neuralgia in [patient's] legs radiating from her back and will be continued. MTUS guidelines indicate that radiculopathy must not be present in order for trigger point injections to be considered medically appropriate. Furthermore, there is no mention of twitch response or referred pain on recent physical examination findings. This patient does not meet the criteria for trigger point injections. Therefore, the request IS NOT medically necessary.