

Case Number:	CM15-0088586		
Date Assigned:	05/12/2015	Date of Injury:	06/13/2012
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency Medicine

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 44 year old female, who sustained an industrial injury on 6/13/2012, while employed as a maintenance worker. She reported bending down and feeling a focal pop in the left side of her low back. The injured worker was diagnosed as having lumbar strain and lumbar radiculopathy. Treatment to date has included conservative measures, including diagnostics, physiotherapy, chiropractic, and medications. Currently (4/21/2015), the injured worker complains of low back pain, with radiation down the bilateral legs. Pain was rated 6/10. Medication use included Diclofenac ER, Flexaril, and Lido Pro. Mid gastric discomfort was also reported and she was taking medication prescribed by primary care physician. She received transcutaneous electrical nerve stimulation unit trial, with pain decrease to 5/10 and report of relief of pain and muscle tightness. Physical exam noted a normal gait and reduced lumbar range of motion, positive straight leg raise, and tenderness to palpation of the lumbar paraspinals with spasm. The treatment plan included trigger point injections (unspecified), transcutaneous electrical nerve stimulation unit, continued chiropractic, and await electromyogram and nerve conduction studies. Her work status was not documented. Electrodiagnostic studies of the lower extremities (3/10/2015) showed lumbar radiculopathy involving S1, subacute or longer in duration, with the possibility of acute overlay. An evaluation report (2/26/2015) referenced lumbar magnetic resonance imaging findings as showing concentric disc bulging at L3-S1, 1mm with no significant stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Patient does not have a diagnosis of myofascial pain syndrome. Patient has known history of radiculopathy and other causes for chronic back pain. There is no documentation of actual trigger points documented. Patient has yet to fail conservative care and has ongoing chiropractic ongoing. Documentation fails criteria to recommend trigger point injections. Trigger point injection is not medically necessary.