

Case Number:	CM15-0231062		
Date Assigned:	12/04/2015	Date of Injury:	05/24/2001
Decision Date:	01/11/2016	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/24/2015

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 63 year old male injured worker suffered an industrial injury on 5-24-2015. The diagnoses included sciatica, failed back surgery syndrome, cervical degenerative joint disease, and degenerative disc disease with radiculitis. On 10-2-2015 provider reported back pain, numbness in the hand, occipital pain and neck pain. The back pain was lumbosacral that was mild to moderate radiation to the legs. The neck pain was mild to moderate that was continuous that was throbbing, dull with spasms. On exam the cervical spine had spasms with trigger points on the trapezius, rhomboids and supraspinatus. There was painful reduced range of motion. The lumbar spine had trigger points on L5, right sciatic, left sciatic and iliac crest. Trigger point injections were given at that visit were lumbar region 2 injections and cervical region 2 injections. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without injections and no evidence of functional improvement with past treatment. Prior treatments included spinal surgery 2010 and trigger point injections 4-2015. Utilization Review on 10-28-2015 determined non-certification for 4 Trigger Point Injection to the Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Trigger Point Injection to the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: According to the guidelines, trigger point injections are not recommended due to their short-term benefit. If provided the criteria include: (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. In this case, the claimant had prior injections. Functional improvement and pain score reduction amount was not noted. Use of ultrasound was not justified. There was no mention of twitch response. The request for additional trigger point injections is not medically necessary.