

Case Number:	CM14-0111006		
Date Assigned:	08/01/2014	Date of Injury:	11/09/2007
Decision Date:	10/10/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 53 year old male who was injured on 11/9/2007 involving his back and knee after slipping and falling. He was diagnosed with sciatica, lumbosacral degenerative disc disease, and lumbar pain. He was treated with surgery (lumbar), epidural steroid injections, trigger point injections, medications, and physical therapy. On 6/7/14, the worker was seen by his treating pain medicine physician complaining of continual moderate back pain with "numbness and sciatic pain" which radiated to both legs worsened with lifting as documented in the note. He was requesting an injection for the back, which usually provided him a few weeks of relief in the past. Physical examination revealed tenderness of the lumbar spine area with spasm. Trigger points were recognized around L5, Sciatic right, sciatic left and iliac crest. Also sensory exam revealed reduced sensation in the thigh and reduced knee jerk. He was then given a trigger point injection around the L5 paraspinal area under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Trigger Point Injection under ultrasound guidance L5 region DOS: 6/7/14:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value, but not for radicular pain. The addition of a corticosteroid to the anesthetic is generally not recommended. The MTUS also states that trigger point injections are not recommended for typical back or neck pain. The criteria for use of trigger point injections includes: 1. Documentation of trigger points (twitch response with referred pain), 2. Symptoms have persisted for more than three months, 3. Medical management therapies such as ongoing stretches, physical therapy, NSAIDs, and muscle relaxants have failed, 4. Radiculopathy is not present, 5. No more than 4 injections per session, 6. No repeat injections unless more than 50% pain relief is obtained for at least six weeks after the injection with evidence of functional improvement, 7. Frequency should not be less than two months between injections, and 8. Trigger point injections with any other substance other than local anesthetic with or without steroid are not recommended. In the case of this worker, he had been given trigger point injection in the past which reportedly lasted only a few weeks, and no evidence of functional improvement was found in the documents available for review following these previous injections. Also, the worker seems to have lumbar radiculopathy based on examination findings, which would not warrant trigger point injections. Not enough evidence of true myofascial pain syndrome as the primary cause of his pain was found in the documentation. Therefore, based on the reasons above, the trigger point injection from 6/7/14 in his L5 paraspinal area is not medically necessary.