

Case Number:	CM14-0128136		
Date Assigned:	08/15/2014	Date of Injury:	09/07/2007
Decision Date:	10/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 44-year-old female who reported an injury of unknown mechanism on 09/07/2007. On 06/23/2014, her diagnoses included lumbar spondylolisthesis, status post L4-S1 transforaminal lumbar interbody fusion on 09/22/2009, recent hardware removal surgery and augmentation of fusion surgery 2 weeks ago, and lumbar spine hardware removal on 09/03/2013. On examination, her spinal alignment was normal. She had a normal gait. There was tenderness to palpation throughout her midline lumbar spine and paraspinal area on the right. Lumbar ranges of motion measured in degrees were flexion 60, extension 20, and side bending rotation 30. She had 5/5 strength in her legs. Sensation was intact throughout her bilateral lower extremities. There was negative straight leg raising tests on both sides. The treatment plan included trigger point injections/facet blocks and again on 02/24/2014. They were ordered for severe flare ups of pain, inflammation, and spasm. A Request for Authorization dated 07/15/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Injection Lumbar Spine, Lumbar Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Low Back, Facet Joint Injections; Diagnostic blocks

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

Decision rationale: The request for Trigger Point Injection Lumbar Spine, Lumbar Facet Injection is not medically necessary. The California MTUS Guidelines recommends that trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back pain with myofascial pain syndrome when all of the following criteria are met: documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. Medical management therapy, such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. No repeat injections unless a greater than 50% pain relief is obtained for 6 weeks after the injection and there is documented evidence of functional improvement. There was no evidence in the submitted documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. There was no documentation of ongoing stretching exercises, physical therapy, and muscle relaxants which had failed to control her pain. This injured worker had had trigger point injections in the past, but there was no documentation that her pain relief was greater than 50% or that there was evidence of functional improvement due to the trigger point injections. The clinical information submitted failed to meet the evidence based guidelines for trigger point injections. Therefore, this request for Trigger Point Injection Lumbar Spine, Lumbar Facet Injection is not medically necessary.