

Case Number:	CM14-0133322		
Date Assigned:	08/22/2014	Date of Injury:	07/14/2009
Decision Date:	09/30/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine, and is licensed to practice in California. 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 40-year-old female who reported an injury on 07/14/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 07/24/2014 indicated diagnoses of cervical pain, headaches, thoracic pain, low back pain, and sciatica. The injured worker rated the intensity of her pain symptoms as 4 with 0 being complete absence of symptoms and 10 being very severe. The symptoms have been present since the date of onset. The symptoms have been present 100% of the day and the injured worker described her pain as stiffness. The injured worker reported low back pain. The injured worker reported her low back pain 7/10, very severe, 100% of the day, and described as aching and like a "kink." The patient reported her mid back pain as 5/10, very severe or unbearable, the symptoms have been present 100% of the time, and she described that pain as aching/tight. The injured worker reported tension headaches. She rated her tension headaches as 6/10, 100% of the day, and described the pain as aching and dull. The injured worker's diagnoses included lumbar pain, lumbosacral pain, cervical pain, thoracic pain, pain in joint, sciatica pain, and headache. On physical examination, the injured worker had a moderate decrease of lumbar flexion with pain, a moderate to severe decrease of extension with pain, a moderate decrease of left and right lumbar flexion with pain. The injured worker had taut and tender fibers that were palpable over the lumbar bilateral moderate to severe and trigger point over the thoracic bilateral that were moderate. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for retrospective review of trigger point injection L5-S1 for DOS 07/24/2014. A Request for Authorization was submitted 07/26/2014 for trigger point injection; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review of Trigger point injection L5-S1 for DOS 7/24/14: Upheld

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

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

Decision rationale: MTUS guidelines recommend trigger point injections only for myofascial pain syndrome, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. 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; frequency should not be at an interval less than two months. There was a lack of documentation indicating quantified pain relief after the trigger point injection to warrant a repeat trigger point injection. In addition, there was a lack of clinical documentation indicating a twitch response was evident with palpation to trigger point. As such, the request is not medically necessary.