

Case Number:	CM14-0138036		
Date Assigned:	09/05/2014	Date of Injury:	10/21/2008
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with an injury date of 10/21/08. Per the 04/01/14 progress report by [REDACTED] the patient presents with back and buttock pain along with continued right SI joint region pain. He is debilitated by his symptoms. The treater states, "He tried to walk; however, had shooting pains in his low back and buttock." Reports do not state if he is working. Examination reveals positive Faber sign on the right with positive pelvic rock test on the right side. There is tenderness to palpation in the SI joint region and he has decreased sensation on the right side. The postoperative diagnosis of 06/08/12 is Rule out pseudoarthrosis, status post lumbar interbody fusion, L4 to S1 plus pseudoarthrosis confirmed at both levels. The 05/27/10 MRI lumbar spine without contrast presents the following impression: Small -broad based disc protrusions at L4-L5 and L5-S1 in association with mild facet joint hypertrophy. No central canal stenosis and mild to moderate right neuroforaminal narrowing at L4-L5. The patient's diagnoses include: 1. Lumbar disc injury October 2008. Status post L4 to S1 TLIF, probable pseudoarthrosis at both levels. The utilization review being challenged is dated 07/30/14. The rationale is that examination does not show generation of twitch response and lack of clinical evidence of triggering in the lumbar back. Reports were provided from 05/27/10 to 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Trigger Point injections: Upheld

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

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

Decision rationale: The patient presents with back and buttock pain along with continued right SI (Sacroiliac) joint region pain. The treater requests for Series of 3 Trigger Point injections. MTUS under its chronic pain section has the following regarding trigger point injections: (pg 122), "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, there is no discussion in the reports provided for the reason for the requested injections. Examination does not reveal a twitch response, and there is no discussion of circumscribed trigger points. Therefore, the request for Series of 3 Trigger Point injections under ultrasound is not medically necessary and appropriate.