

Case Number:	CM14-0147365		
Date Assigned:	09/15/2014	Date of Injury:	04/30/1995
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 04/30/1995. The mechanism of injury was not specified. Her diagnoses included migraine headaches, osteopenia, chronic back pain status post lumbar fusion, chronic narcotic dependence, restless legs syndrome, lumbar radiculitis, herniated nucleus pulposus of the lumbar region and seroma with lower extremity weakness. Her previous treatments consisted of chiropractic treatment, facet injections, lumbar epidural steroid blocks, spinal blocks, trigger point injections and a TENS unit. In 10/1999 she had an anterior L3-4 and L4-5 fusion and a posterior L5-S1 fusion and a right knee surgery in 03/2001. The physical examination revealed mild discomfort in the lower back along the paravertebral muscles, no significant tenderness right over the midline, as most of the tenderness is confined to the muscle groups and the injured worker does have some mild to moderate tenderness of the right knee. On 08/14/2014, the injured worker reported unchanged pain over the last several years. She complained of aches over the lower back with any kind of activity and the pain had her on the verge of tears much of the time. Her most recent medications were not provided. The treatment plan was for a referral to the pain clinic for trigger point injections targeting back between 07/29/2014 and 10/14/2014. The rationale for the request was that the injections helped her in the past. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to [REDACTED] pain clinic for trigger point injection targeting back pain between 7/29/14 and 10/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits

Decision rationale: Based on the clinical information submitted for review, the request for 1 referral to the pain clinic for trigger point injection targeting back pain between 07/29/2014 and 10/14/2014, is not medically necessary. As stated in the California MTUS Guidelines, these injections may occasionally be necessary to maintain function in those with myofascial problems or myofascial trigger points are present on examination. The Official Disability Guidelines suggest that the need for clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The injured worker reported unchanged aches and pains in the lower back with any kind of activity. The injured worker reported that a trigger point injection has been effective for her in the past; however, there is insufficient documentation showing that she had greater than 50% pain and it was obtained for 6 weeks after the injection as it is indicated in the guidelines. Furthermore, there is a lack of documentation showing that she had tried and failed stretching exercises, physical therapy, NSAIDs and muscle relaxants. Also, the physical examination did not reveal any evidence of trigger points. The request failed to provide the specific area for the trigger point injection. As such, the request for 1 referral to the pain clinic for trigger point injection targeting back pain between 07/29/2014 and 10/14/2014 is not medically necessary.