

Case Number:	CM14-0150000		
Date Assigned:	09/18/2014	Date of Injury:	01/24/1983
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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, 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 51 year old with an injury date on 1/24/83. Patient complains of low lumbar pain rated 5/10, and an increasingly severe headache per 8/21/13. The patient's pain is increased when standing for an extended amount of time per 8/21/13 report. The 6/17/14 report shows patient already had 4 trigger point injections on that date. Based on the 8/21/13 progress report provided by [REDACTED] the diagnoses include closed-head trauma, cervical spine strain, rule out radiculopathy per magnetic resonance imaging (MRI) and a lumbar spine strain, rule out radiculopathy per MRI Exam on 8/21/13 showed "C-spine range of motion restricted. The lumbar spine range of motion was restricted, spasm and tenderness. A straight leg raise test was positive bilaterally." [REDACTED] is requesting trigger point injection injections x 4 lumbar spine. The utilization review determination being challenged is dated 9/8/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/12/13 to 9/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x 4 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 122.

Decision rationale: This patient presents with lower back pain and headaches. The physician has asked for trigger point injections x 4 lumbar spine. Regarding trigger point injections, MTUS recommends only for myofascial pain syndrome and not 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. In this case, the patient had 4 trigger point injections administered on 6/17/14, but subsequent reports do not include the level and duration of pain relief or any significant improvement in function as per MTUS guidelines. The requested 4 trigger point injections for the lumbar are not considered medically necessary for this type of condition. Therefore the request is not medically necessary.