

Case Number:	CM14-0153420		
Date Assigned:	09/23/2014	Date of Injury:	12/20/2010
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and muscle spasms reportedly associated with an industrial injury of December 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; opioid therapy; adjuvant medications; and earlier lumbar disk replacement surgery in August 2013. In a Utilization Review Report dated September 5, 2014, the claims administrator retrospectively denied a request for a trigger point injection apparently performed on August 8, 2014. The claims administrator posited that the applicant had had earlier trigger point injections over the course of the claim, without benefit. The applicant's attorney subsequently appealed. In a January 21, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was apparently using a cane to move about following the disk replacement surgery. The applicant was using Percocet, Neurontin, Narcosoft, and Flexeril, it was acknowledged. The applicant's work status was not furnished. On September 9, 2014, the applicant again presented with persistent complaints of low back and knee pain. The applicant was using Percocet, Neurontin, and Narcosoft. The applicant was using 135 tablets of Percocet monthly, it was acknowledged. A variety of medications were refilled, including Voltaren gel, Zanaflex, Percocet, Neurontin, and Narcosoft. The applicant was asked to continue permanent work restrictions imposed by an agreed medical evaluator. It did not appear that the applicant was working. In an earlier note dated August 8, 2014, the applicant apparently received the trigger point injection at issue. The applicant reported that his right leg was giving out from time to time. Persistent complaints of muscle spasm and tightness were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection Trigger Point, Performed On 08/8/2014, Into the Right Lumbar Paraspinal
Quantity: 1:** 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 Trigger Point Injections topic. 9792.20f. Page(s): 122.

Decision rationale: The request in question did represent a request for a repeat trigger point injection. However, as noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat trigger point injections should be predicated on evidence of functional improvement with earlier trigger point blocks. In this case, however, the applicant was seemingly off of work on and around the date the August 8, 2014 trigger point injection was performed, just under a year removed from earlier lumbar spine surgery of August 22, 2013. The applicant's dependence on various and sundry analgesic and adjuvant medications, including Percocet, Neurontin, Flexeril, etc., was unchanged, despite at least one prior set of trigger point injections. All of the above, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite earlier trigger injection therapy at various points over the course of the claim. Therefore, the trigger point injection performed on August 8, 2014 was not medically necessary.